

P110000055505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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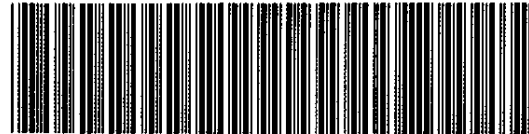
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 JUN 13 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC
6-13-11

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: All Teased Up, LLC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Jenny Mixon
Name (Printed or typed)

133 W. Pomelo St
Address

Groveland FL 34736
City, State & Zip

352 702 2884
Daytime Telephone number

JLmXN@yahoo.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL 32314

FILED

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: All Teased Up CO.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1500 S HWY 27
Clermont FL 34711

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A Hair Salon.

ARTICLE IV SHARES

The number of shares of stock is: 100 Jenny Mixon 50% Brian Goss 50%

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jenny Mixon - President
Address: 133 W. Pamela St
Groveland FL 34736

Name and Title: Brian Goss - Vice President
Address: 133 W Pamela St
Groveland FL 34736

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jenny Mixon
Address: 133 W Pamela St
Groveland FL 34736

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jenny Mixon
Address: 133 W Pamela St
Groveland FL 34736

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]
Required Signature/Registered Agent

6/10/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

6/10/11
Date

An effective date of 6/10/11

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TALLAHASSEE, FL 32301
SECRETARY OF STATE