

P110000062893

(Requestor's Name)

(Address)

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☐ PICK-UP

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2011 JUL 11 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC
7-13-11

COVER LETTER

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

SUBJECT: Style and File Salon, INC
(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: Ashley Phillips
Name (Printed or typed)

5020 TROUBLE CREEK Rd
Address

New Port Richey, FL 34652
City, State & Zip

727-84-2866
Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FL 32314
2011 JUL 11 PM 2:30

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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: Style and File Salon, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

5020 TROUBLE CREEK Rd
New Port Richey FL 34652

Mailing address, if different is:

5020 TROUBLE CREEK
New Port Richey FL 34652

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR PROFIT BUSSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ashley Phillips - President
Address: 5020 TROUBLE CREEK Rd
New Port Richey, FL 34652

Name and Title: _____
Address: _____

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: Ashley Phillips
Address: 5020 TROUBLE CREEK Rd
New Port Richey, FL 34652

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ashley Phillips
Address: 5020 TROUBLE CREEK Rd
New Port Richey FL 34652

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CLERK
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

Ashley Phillips
Required Signature/Registered Agent

7-8-11
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.

Ashley Phillips
Required Signature/Incorporator

7-8-11
Date