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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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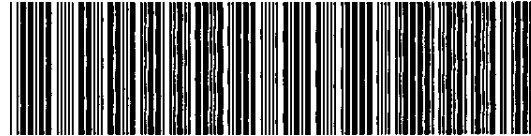
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 JUL 25 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F. Burch JUL 26 2011

COVER LETTER

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

SUBJECT: Deb's Turning Heads 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Ms. Debbie Amaral

Name (Printed or typed)

198 Orlando Boulevard

Address

Port Charlotte, FL 33954

City, State & Zip

941-575-8228

Daytime Telephone number

charlotteinjurycenter@yahoo.com

E-mail address: (to be used for future annual report notification)

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: **Deb's Turning Heads Salon, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
2231 Tamiami Trail
Port charlotte, FL 33948

Mailing address, if different is:

198 Orlando Boulevard
Port Charlotte, FL 33954

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Beauty Salon

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Debbie Amaral
Address: 198 Orlando Boulevard
Port Charlotte, FL 33954

Name and Title: President
Address: _____

Name and Title: Ruth LePage
Address: 7519 Blue Sage
Punta Gorda, FL 33955

Name and Title: Treasurer
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: Debbie Amaral
Address: 198 Orlando Boulevard
Port Charlotte, FL 33954

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Merle Larson
Address: 3114 Iverson Street
Port Charlotte, FL 33952

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

Debbie Amaral
Required Signature/Registered Agent

7/22/11
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.

Merle Larson
Required Signature/Incorporator

7/22/11
Date

MERLE LARSON

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA