

711000077577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

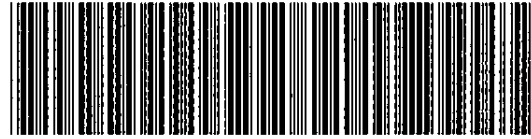
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900199783469

03/30/11--01035--004 **70.00

SECRETARY OF STATE
AUG 31 PM 12:35
FILED

J. Shivers SEP 01 2011

82581-11W

August 24, 2011

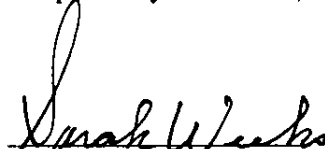
Attention: Justin M. Shivers
Regulatory Specialist II
New Filing Section
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

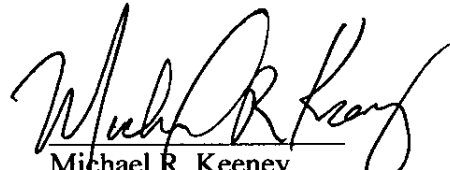
Re: MRK Hair Design, Inc.

Please be advised that the members of MRK Hair Design, LLC have formally dissolved their entity. In addition, we hereby release the name and rights to the name to MRK Hair Design, Inc. We will also not reinstate MRK Hair Design, LLC.

Thank you for your attention to this matter.

Respectfully submitted,

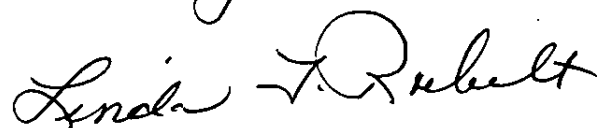

Sarah Weeks


Michael R. Keeney

State of Florida
County of Pinellas

Before me, Linda F. Roebelt on this day personally appeared and verified their identity by showing their Florida Drivers License, to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this 25th day of August 2011



FILED
AUG 31 PM 12:35
NOTARY PUBLIC
STATE OF FLORIDA

NOTARY PUBLIC
STATE OF FLORIDA
LINDA F. ROEBELT
MY COMMISSION # DD 797828
EXPIRES: July 8, 2012
Bonded Thru Budget Notary Services

COVER LETTER

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

SUBJECT: **MRK Hair Design, 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: **Michael Keeney**
Name (Printed or typed)

3900 1st Street N. #201
Address

St. Petersburg, FL 33703
City, State & Zip

727-896-4247
Daytime Telephone number

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

FILED
AUG 31 PM 12:35
TALLAHASSEE, FL 32314

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 MRK Hair Design, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
154 45th Avenue NE
St Petersburg, FL 33703

Mailing address, if different is:
3900 1st Street N #201
St Petersburg, FL 33703

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: **7,500**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael R Keeney, President
Address: 154 45th Avenue NE
St Petersburg, FL 33703

Name and Title: Michael R Keeney, Vice-Pres
Address: 154 45th Avenue NE
St Petersburg, FL 33703

Name and Title: Michael R Keeney, Secretary
Address: 154 45th Avenue NE
St Petersburg, FL 33703

Name and Title: Michael R Keeney, Treasurer
Address: 154 45th Avenue NE
St Petersburg, FL 33703

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: Michael R Keeney
Address: 154 45th Avenue NE
St Petersburg, FL 33703

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael R Keeney
Address: 154 45th Avenue NE
St Petersburg, FL 33703

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

Michael R Keeney
Required Signature/Registered Agent

3/8/11 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.

Michael R Keeney
Required Signature/Incorporator

3/8/11 Date

FILED
AUG 31 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FL 32399