

P11 000080858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

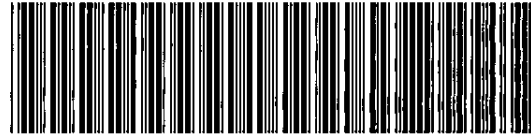
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400211564154

09/12/11--01034--005 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP 12 PM 12:16

RECEIVED
SEP 12 2011

9/11
8

COVER LETTER

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

SUBJECT: A TOUCH OF CLASS HAIR & NAILS, 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: JULIE EDWARDS

Name (Printed or typed)

4420 US HWY 27 SOUTH

Address

SEBRING, FL 33870

City, State & Zip

863-314-1764

Daytime Telephone number

michaelq5@live.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

A TOUCH OF CLASS HAIR & NAILS, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
4420 US HWY 27 S
SEBRING, FL 33870

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
PROVIDE A FULL SERVICE HAIR & NAIL SALON.

ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JULIE EDWARDS-PRESIDENT
Address: 4420 US HWY 27 S
SEBRING, FL 33870

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:

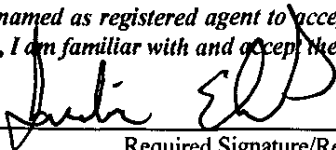
Name: JULIE EDWARDS
Address: 4420 US HWY 27 SOUTH
SEBRING, FL 33870

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JULIE EDWARDS
Address: 4420 US HWY 27 SOUTH
SEBRING, FL 33870

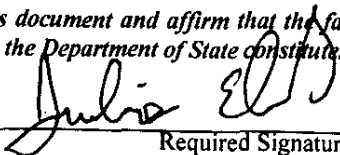
Having been named as registered agent to accept service of process for the above stated corporation at the place designated on this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

9/8/2011

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



Required Signature/Incorporator

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP 12 PM 12:16