

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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11 NOV 16 PM 3:21  
DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION  
CITRUS SALON SASSIN, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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2011 NOV 16 AM 11:43  
DIVISION OF CORPORATIONS

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Corporate Filing Menu

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11/17/11

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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2011 NOV 16 AM 11:43

**ARTICLE I NAME** CITRUS SALON SASSIN, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
2809 W. ESTRELLA STREET  
TAMPA, FL 33629

Mailing address, if different is:

**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: 1,000 @ 1.00

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
_____	_____	_____	_____
_____	_____	_____	_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
_____	_____	_____	_____
_____	_____	_____	_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: MARYTERESA LAMB-SASSIN  
Address: 2809 W. ESTRELLA ST.  
TAMPA, FL 33629

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: MARYTERESA LAMB-SASSIN  
Address: 2809 W. ESTRELLA ST.  
TAMPA, FL 33629

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

*Maryteresa Lamb-Sassin*  
Required Signature/Registered Agent

11/16/2011

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.

*Maryteresa Lamb-Sassin*  
Required Signature/Incorporator

11/16/2011

Date

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