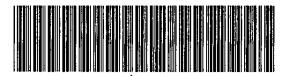
P1100005573

(Convented Name)				
(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



400214844374

12412/11=0107

12/12/11--01041--018 **87.50

IT DEC 12 PM 1:23
SECRETARY OF STATE

MR)/13

COVER LETTER

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

SUBJECT: George John Salon Inc.		
(PROPOSED CORPORA'	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	nd a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
	(Printed or typed)	
7091 College Parkway; suite 11	ddress	
•	duicss	
Fort Myers, FL 33907 City, 5	State & Zip	· · · · · · · · · · · · · · · · · · ·
239-931-9100 Daytime Te	elephone number	
george@georgejohnsalon.com E-mail address: (to be used	•	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLE I	NAME George John Salon II	nc.
The name of the co	orporation shall be:	
ARTICLE II	PRINCIPAL OFFICE	
<u> </u>	Principal street address	Mailing address, if different is:
-	7091 College pkwy; suite 11	Maining address, it different is:
	Fort Myers, FI 33907	
<u>.</u>	076 1414 613, 17 66367	
•		
ARTICLE III	<u>PURPOSE</u>	
Any legal pui	which the corporation is organized is:	
		₹ ₹ .
		TALLAHASSEE.
		22 CC -
		声って
A DOMEST D. ST.	CHARRO	SS R
The number of the	SHARES 100 Shares	mo Z r
The number of sha	res of stock is:	7.0
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS Name and Title:
Name and T	itle George Pellegrino - President	Name and Title:
Address:	2917 SE 22nd Place	Address:
	2917 SE 22nd Place Cape Coral, Fl 33904	
N 1 T	****	N. 1704
		Name and Title:
Address:		
Name and Ti	itle:	Name and Title:
Address:		Address:
ARTICLE VI	REGISTERED AGENT	
The name and Flo	rida street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name:	George Pellegrino	
Address:	2917 SE 22nd Place	
	Cape Coral, FL 33904	
ADTICLE UIT	INCORPORATOR	
	Iress of the Incorporator is:	
Name:	George Pellegrino	
Address:	2917 SE 22nd Place	
71441055.	Cape Coral, FL 33904	
	<u> </u>	_
Havine been name	ed as registered agent to accept service of pro-	cess for the above stated corporation at the place designa
this certificate, I an	n familiar with and accept the appointment as	registered agent and agree to act in this capacity
	41.12 January Land Company	
	(O)	12/2
	Required Signature/Registered Agent	
I submit this docu	ment and affirm that the facts stated herein	are true. I am aware that the false information submitted
document to the De	epartment of State constitutes a third degree fel	lony as provided for in s.817.155, F.S.
	Required Signature/Incorporator	Date
	\checkmark \bigcirc \bigcirc	

George John Salon Inc.