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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

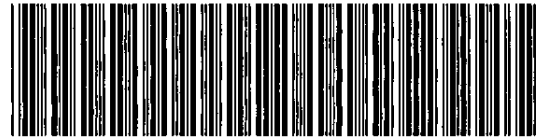
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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02/20/12--01030--003 **78.75

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SECRET

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COVER LETTER

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

SUBJECT: Hollywood Family Hair, 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: Denise Xavier

Name (Printed or typed)

111 N. 10th Street

Address

Haines City, FL 33844

City, State & Zip

407-927-7201

Daytime Telephone number

denisexavier38@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: Hollywood Family Hair, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
727 Cypress Garden Boulevard
Winter Haven FL 33880

Mailing address, if different is:

111 N. 10th Street
Haines City, FL 33844

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Denise Xavier Owner</u>	Name and Title: _____
Address: <u>111 N. 10th Street</u>	Address: _____
<u>Haines City, FL 33844</u>	_____
_____	_____

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: Denise Xavier
Address: 111 N. 10th Street
Haines City, FL 33844

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Denise Xavier
Address: 111 N. 10th Street
Haines City, FL 33844

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

Denise Xavier
Required Signature/Registered Agent

02/17/2012
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.

Denise Xavier
Required Signature/Incorporator

02/17/2012
Date

12 FEB 20 PM 4:58
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF POLK
FLORIDA