P12000034099

(Requestor's Name)					
(Address)					
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
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COVER LETTER

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

SUBJECT: Timeless Salon & Spa,	Inc.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Kimberly Capriotti Name	(Printed or typed)
121 Nottingham Way	Address
Davenport, Fl. 33897 City,	State & Zip
863-852-0611 Daytime To	elephone number
timelesssalonspa@gmai E-mail address: (to be used	l.com I for future annual report notification)

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

Kim Capriotti

121 Nottingham Way Davenport, Fl. 33897 Tel: (863) 852-0611

April 10, 2012

Department of State Division of Corporations ATTN: Ms. Jessica Hickman P.O. Box 6327 Tallahassee, FL. 32314

RE: New corporation for Timeless Salon & Spa, Inc.

Due to rejection of Salon Venture, Inc.

Document #W12000019284

Dear sir or madam:

I had previously sent check number 851 from Chase Bank in the amount of \$70.00 for the filing fee for my new corporation as requested to process my corporation documents, however it was rejected due to conflict with Salon Ventures, LLC. Please use these funds deposited by your company for incorporation of Timeless Salon & Spa, Inc.

Please process this paperwork at your earliest convenience and send me any necessary documentation.

Thank you in advance for your time and prompt attention to this matter.

Very Truly Yours,

Kim Capriotti

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

ARTICLE I The name of the corp	NAME Timeless Salon & Space oration shall be:	a, Inc.		
<u>Ti</u>	PRINCIPAL OFFICE Principal street address meless Salon 5 Lake Davenport Blvd evenport, Fl. 33897		failing address, if d	ifferent is:
	EURPOSE ich the corporation is organized is: alon services for profit.			
ARTICLE IV S The number of share	SHARES s of stock is: 10,000			
	e:Kimberly Capriotti - President 121 Nottingham Way Davenport, Fl. 33897	Name and Title:		
Name and Titl Address:	e: Joseph A. Tymorek - Vice Presid 121 Nottingham Way Davenport, Fl. 33897	Address:		
Name and Titl Address:	e:			12 APR
	REGISTERED AGENT Ida street address (P.O. Box NOT acceptable Kimberly Capriotti 121 Nottingham Way Davenport, Fl. 33897		t is:	AY OF STATE CORPORATION
	NCORPORATOR ess of the Incorporator is: Joseph A. Tymorek 121 Nottingham Way Davenport, Fl. 33897			1 0
	l as registered agent to accept service of pro- familiar with and accept the appointment as			
A while	do Caparino		04/1	0/2012
Required Signature/Registered Agent			Date	
	nent and affirm that the facts stated herein coartment of State constitutes a third degree fe			rmation submitted in a
	Joseph ()		04/	10/2012
Required Signature/Incorporator		Date		