

P12000039869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

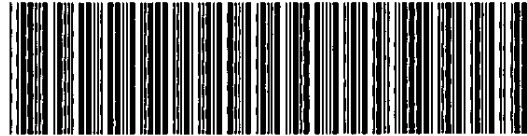
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTED ARTICLE IV
(SHARES) TO READ "1." &
CORRECTED TITLE IN
ARTICLE V (OFFICERS) TO
READ PRES. PER TELEPHONE
CONVERSATION WITH

ASHLI ALI. Office Use Only

04/30/12



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04/27/12--01025--003 **70.00

FILED
12 APR 27 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/30/12

COVER LETTER

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

SUBJECT: AHILI 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: AHILI HAIR, INC

Name (Printed or typed)

3150 N COURSE LN, SUITE 609

Address

POMPANO BEACH FL 33069

City, State & Zip

954-657-1004

Daytime Telephone number

LIDY_CI@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

AHILI HAIR, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
3150 N COURSE LN, SUITE 609
POMPANO BEACH, FL 33069

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: **1**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **AHILI ALI - PRES.**
Address: **3150 N COURSE LN, SUITE 609**
POMPANO BEACH FL 33069

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:

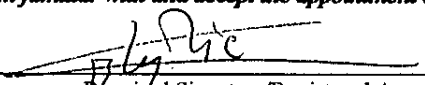
Name: **AHILI ALI**
Address: **3150 N COURSE LN, SUITE 609**
POMPANO BEACH FL 33069

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **AHILI ALI**
Address: **3150 N COURSE LN, SUITE 609**
POMPANO BEACH FL 33069

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


Required Signature/Registered Agent

04/24/12
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.


Required Signature/Incorporator

04/24/12
Date

12 APR 27 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA