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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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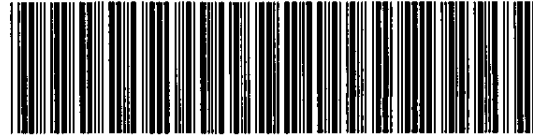
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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ef 6/8/12

**COVER LETTER**

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

SUBJECT: Jade Beauty Salons, 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: Jadwiga Jade Skladzien, Inc.  
Name (Printed or typed)

123 Cochise Ct  
Address

Palm Coast, FL  
City, State & Zip

386 445-6080  
Daytime Telephone number

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

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**ARTICLES OF INCORPORATION  
FOR**

**JADE BEAUTY SALON, INC.**

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

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**ARTICLE I NAME**

The name of the corporation shall be:

JADE BEAUTY SALON, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

PLACE OF BUSINESS:      MAILING ADDRESS:

4845 BELL TERRE PKWY 123 COCHISE CT.  
PALM COAST, FL 32137      PALM COAST, FL 32137

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THIS CORPORATION MAY ENGAGE OR TRANSACT IN ANY OR ALL LAWFUL  
ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES,  
THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

**ARTICLE IV SHARES**

The number of shares of stock is:

THE MAXIMUM NUMBER OF SHARES OF STOCK THIS CORPORATION IS  
AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 1000 SHARES OF  
COMMON STOCK HAVING A \$1.00 PAR VALUE.

**ARTICLE V INITIAL DIRECTORS (optional)**

The name(s), address (es) and title(s):

THIS CORPORATION SHALL HAVE NO DIRECTORS, INITIALLY. THE AFFAIRS OF THE  
CORPORATION WILL BE MANAGED BY THE SHAREHOLDERS UNTIL SUCH TIME  
DIRECTORS ARE DESIGNATED AS PROVIDED BY THE BYLAWS.

**ARTICLE VI INITIAL OFFICERS (optional)**

The name(s), address (es) and title(s):

JADWIGA JADE SKLADZIEN PRESIDENT 123 COCHISE CT. LN. PALM COAST, FL 32137	RICHARD SKLADZIEN VICE-PRESIDENT 123 COCHISE CT PALM COAST, FL 32137	JOANNA S. REELEY TRES/SEC 55 FLEMINGWOOD PALM COAST, FL 32137
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**ARTICLE VII REGISTERED AGENT**

The name and Florida Street address of the registered agent is:

JADWIGA JADE SKLADZIEN  
PRESIDENT  
123 COCHISE CT  
PALM COAST, FL 32137

**ARTICLE VIII INCORPORATOR**

The name and address of the Incorporator is:

JADWIGA JADE SKLADZIEN  
PRESIDENT  
123 COCHISE CT  
PALM COAST, FL 32137

**ARTICLE XI TERM OF EXISTENCE**

THIS CORPORATION IS TO EXIST PERPETUALLY.

**ARTICLE X PREEMPTIVE RIGHTS**

EVERY SHAREHOLDER UPON SALE FOR CASH OF ANY NEW STOCK OF THIS CORPORATION OF THE SAME KIND, CLASS, OR SERIES AS THAT WHICH HE ALREADY HOLDS, SHALL HAVE THE RIGHT TO PURCHASE HIS PRO RATA SHARE THEREOF AT THE PRICE AT WHICH IT IS OFFERED TO OTHERS.

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBERS HAVE EXECUTED THESE ARTICLES OF INCORPORATION ON THIS 4<sup>th</sup> DAY OF June 2012.

  
JADWIGA JADE SKLADZIEN

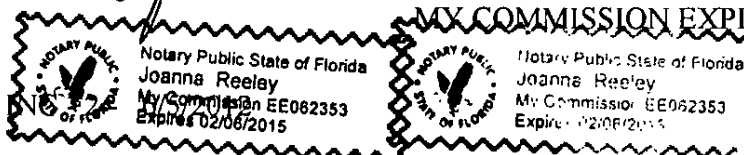
STATE OF FLORIDA  
COUNTY FLAGLER

BEFORE ME PERSONALLY APPEARED JADWIGA JADE SKLADZIEN, TO ME WELL KNOWN AND KNOW TO ME TO BE THE INDIVIDUALS DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND THEY PURPOSE THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL THIS 4<sup>th</sup> DAY OF June 2012, IN PALM COAST, COUNTY AND STATE AFORESAID.

  
NOTARY PUBLIC

JADE BEAUTY SALON,



**ARTICLE VII REGISTERED AGENT**

The name and Florida Street address of the registered agent is:

JADWIGA JADE SKLADZIEN  
PRESIDENT  
123 COCHISE CT  
PALM COAST, FL 32137

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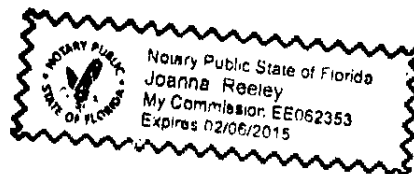
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NOTARY PUBLIC

MY COMMISSION EXPIRES:



**REGISTERED AGENT ACCEPTANCE**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE Jadwiga Jade Skladzien  
JADWIGA JADE SKLADZIEN

TITLE President

DATE 6-5-12

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