

P1 2008/12 70

(Requestor's Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 24 PM 2:04

Ps 9/25/12

COVER LETTER

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

SUBJECT: Luxe Hair House 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: Luxe Hair House Inc.

Name (Printed or typed)

45 spinning wheel lane

Address

tamarac, fl, 33319

City, State & Zip

954-661-0079

Daytime Telephone number

luxehairhouse@gmail.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.

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ARTICLE I NAME

The name of the corporation shall be: Luxe Hair House Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
45 spinning wheel lane
tamarac, fl 33319

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized to provide Quality hair for women.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Monique Lori-ann Leslie President	Name and Title: _____
Address: 45 spinning wheel lane	Address: _____
Tamarac, Fl 33319	_____

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: Monique Lori-ann Leslie
Address: 45 spinning wheel lane
Tamarac, Fl 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Monique Lori-ann Leslie
Address: 45 spinning wheel lane
Tamarac, fl 33319

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

09/17/2012

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.

Required Signature/Incorporator

09/17/2012

Date