

P13000012511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

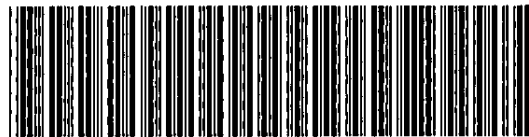
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
13 FEB -7 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
13 FEB -7 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 2/7/13

COVER LETTER

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

SUBJECT: Grandeur hair company
(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: Marilyn A. Jullien
Name (Printed or typed)

2384 CANARY VILLA COURT UNIT A
Address

Tallahassee, FL 32303
City, State & Zip

954-857-8901
Daytime Telephone number

Marilyn A. Jullien@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. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be: Grandeur hair company

13 FEB -7 PM 2:10

ARTICLE II PRINCIPAL OFFICE

Principal street address

2384 canopy villa
corner unit A
Tallahassee, FL 32303

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Online Store

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marilyn Jullien (CEO)

Address: 2384 canopy villa

ct unit A

Tallahassee, FL 32303

Name and Title: _____

Address: _____

Name and Title: Shantay Ingram (CEO)

Address: 2384 canopy villa ct unit A

Tallahassee, FL 32303

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: Marilyn Jullien

Address: 2384 canopy villa ct unit A

Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shantay Ingram

Address: 2384 canopy villa ct unit A

Tallahassee, FL 32303

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

[Signature]
Required Signature/Registered Agent

2/7/13
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.

[Signature]
Required Signature/Incorporator

2/7/2013
Date