

P13000025435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

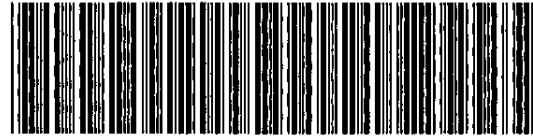
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/18/13--01042--001 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR 18 PM 1:52

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MRS
3/19/13

COVER LETTER

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

SUBJECT: I LUV 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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: I LUV HAIR, INC.

Name (Printed or typed)

7857 West Sample Road, Suite 140

Address

Coral Springs, Florida 33065

City, State & Zip

954-599-1455

Daytime Telephone number

info@lluvmia.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

The name of the corporation shall be: I LUV HAIR, INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address

7857 West Sample Road, Suite 140

Coral Springs, Fl. 33065

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Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail and Wholesale of hair related products.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Norris Gibson, President

Name and Title: Sharon Gibson, Vice Presiden

Address 9130 nw 49 place

Address: 9130 nw 49 Place

Coral Springs, Fl. 33067

Coral Springs, Fl. 33067

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Sharon Gibson

Address: 7857 West Sample Road

Coral Springs, Fl. 33065

ARTICLE VII INCORPORATOR

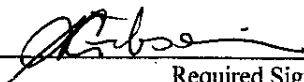
The **name and address** of the Incorporator is:

Name: Norris Gibson

Address: 9130 nw 49 place

Coral Springs, Fl. 33067

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

03/13/13

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.



Required Signature/Incorporator

03/13/13

Date