

P13000033369

(Requestor's Name)

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(City/State/Zip/Phone #)

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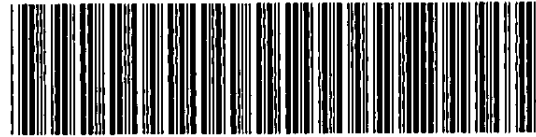
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 4/12

COVER LETTER

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

SUBJECT: GIGI L FAMILY HAIR SALON 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: GUIRLAINE LIGHTNER

Name (Printed or typed)

1166 LATTIMORE DRIVE

Address

CLERMONT, FL 34711

City, State & Zip

732-207-4631

Daytime Telephone number

LIGHTNBROS@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)

ARTICLE I NAME

The name of the corporation shall be:

GIGI L FAMILY HAIR SALON INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

2400 South Route 27

Unit 3105

Clermont, FL 34711

Mailing address, if different is:

1166 Lattimore Drive

Clermont, FL 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate as a Retail Hair Salon providing associated services & related hair care products to consumers.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

One Hundred Shares(100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Guirlaine Lightner (President)

Name and Title: _____

Address

1166 Lattimore Drive

Address: _____

Clermont, FL 34711

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

(conti.)

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: Guirlaine Lightner
Address: 1166 Lattimore Drive
Clermont, FI 34711

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Guirlaine Lightner
Address: 1166 Lattimore Drive
Clermont, FI 34711

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
Date 04-08-13

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
Date 04-08-13