(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requesto	r's Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)	-
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State	/Zip/Phone #)
(Document Number) Certified Copies Certificates of Status	PICK-UP	WAIT MAIL
Certified Copies Certificates of Status	(Business	Entity Name)
	(Documen	t Number)
Special Instructions to Filing Officer:	Certified Copies (Certificates of Status
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111/2-24/20

COVER LETTER

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

_{subject:} She	ars Etc., Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d 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 CO	PY REQUIRED
:	ACT OF THE STATE O	rumper of the great of the control of	, i *
FROM: Li	nda Klaniecki		
1 K3WI		(Printed or typed)	,
42	220 Highway 90		
	1	Address	
P	ace, FL 32571		
	City,	State & Zip	
8	50-994-3400		
	Daytime T	elephone number	*
lin	daklaniecki@yahoc	o.com	
	E-mail address: (to be use		notification)

NOTE: Please provide the original and one copy of the articles --- ---



June 12, 2013

LINDA KLANIECKI 4220 HIGHWAY 90 PACE, FL 32571

SUBJECT: SHEARS ETC., INC. Ref. Number: W13000034201

We have received your document for SHEARS ETC., INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 613A00014784

Division of Compositions DO POV 6297 Tallahagasa Florida 2921

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAT	ME Shears Etc.,Inc.		た び
ARTICLE II PRI	INCIPAL OFFICE Principal street address]	Mailing address, if different is 2
4220 Highway Pace, FL 325			To y
ARTICLE III PUR The purpose for which	PPOSE the corporation is organized is: Hair S	alon Servic	02 FALE BRIDA
The number of shares of ARTICLE V INI	ARES I stock is: 100 TIAL OFFICERS AND/OR DIRECTOR e: Linda Klaniecki, Officer		Mary L. Rhodes, Officer
	5716 Loring Dr		5254 Jenny Circle
Address	Milton, FL 32583	Address:	Pace, FL 32571
Name and Title	:	Name and Title:	
Address			
		_	
Name and Title Address):		
			

Name and	f Title:	Name and Title:	
Address		Address:	
			<u> </u>
ARTICLE VI The name and Fl	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:	JUN 24 PM
Name:	Linda Klaniecki		3: 02 STATE BURKE
Address:	5716 Loring Drive		
	Milton, FL 32583		*
The <u>name and ad</u> Name: Address:	Idress of the Incorporator is: Colette Perry 1047 San Sebastian Circle		
	Pensacola, FL 32506	-	
	ned as registered agent to accept service of process um familiar with and accept the appointment as reg	istered agent and agree to act in	1 this capacity 05/15/2013
	Required Signature/Registered Agent		Date
I submit this doc	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false y as provided for in s.817.155, I	information submitted in a F.S.
	In lu-		05/15/2013
	Required Signature/Incorporator	•	Date
/ (/ Colette Kerry		