

P13000074739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

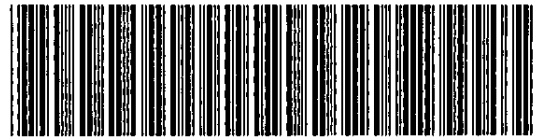
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/09/13--01041--017 **78.75

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13 SEP -9 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 9/12

COVER LETTER

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

SUBJECT: Scene 826 Hair Studio 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: Kristin Redmond

Name (Printed or typed)

2059 Altamont Ave

Address

Ft. Myers, FL 33901

City, State & Zip

239-223-4070

Daytime Telephone number

JKbiz@live.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: Scene 826 Hair Studio Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2059 Altamont Ave.

Ft. Myers FL 33901

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Salon

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Kristin Redmond
Address: 1750 Concordia Lake Cir 109
Cape Coral FL 33909

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

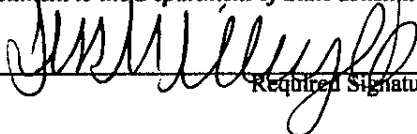
Name: Jessica Nicefield
Address: 13410 McGregor Blvd
Ft. Myers FL 33919

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

9-3-13
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

9-3-13
Date

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TALLAHASSEE, FLORIDA