

P13D00094982

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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13 NOV 21 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
11/22/13

**COVER LETTER**

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

**SUBJECT:** \_\_\_\_\_

*CONJURE 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:** \_\_\_\_\_

*CAROLYN PLUMMER*

Name (Printed or typed)

*153 NURMI DR*

Address

*FORT LAUDERDALE, FL 33301*

City, State & Zip

*954-621-7129*

Daytime Telephone number

*C. Plummer @ Rocketmail.com*

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 8, 2013

CAROLYN PLUMMER  
153 NURMI DR  
FORT LAUDERDALE, FL 33301

SUBJECT: CONJURE INC.  
Ref. Number: W13000062291

RECEIVED  
13 NOV 21 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for CONJURE 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 313A00026082

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: CONJURE HAIR CARE INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

153 NURMI DR

FORT LAUDERDALE FL

33301

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

HAIRCARE MANUFACTURING AND ANY LAWFULL  
PURPOSE INCIDENTAL THERE TO

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

TREASURER Name and Title: CAROLYN PLUMMER Name and Title:

Address 153 NURMI DR Address:

FORT LAUDERDALE FL

33301

President Name and Title: MICHAEL WILSON Name and Title:

Address 1135 TERMINAL WY Address:

STE 209

RENO NV 89502

Vice President Name and Title: SCOTT SCHARH Name and Title:

Address 18201 Collins Ave Address:

#509

Sunny Isles Beach

FL 33160

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: MICHAEL S. DICKS

Address: 7210 WINTERIA AVE  
PARKLAND FL 33076

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CAROLYN PLUMMER

Address: 153 NURM, DR  
FORT LAUDERDALE FL 33301

*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

NOV. 5, 2013

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

11/5/13  
Date