

P13000100015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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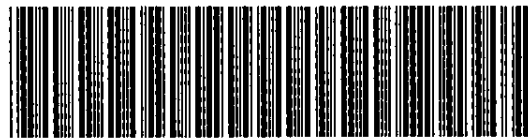
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 DEC 16 PM 12:27

Ps 12/17/13

COVER LETTER

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

SUBJECT: LINDA'S HAIR & NAIL Co., 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: LINDA WEINER  
Name (Printed or typed)

400 N. SWEETWATER BLVD.  
Address

LONGWOOD, FL 32779  
City, State & Zip

407-286-2163 / 321-663-1865  
Daytime Telephone number

lctaxpro@aol.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: LINDA'S HAIR & NAIL COSMETIC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

400 N. SWEETWATER BLVD.  
LONGWOOD, FL 32719

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY & ALL LAWFUL BUSINESS  
PERTAINING TO NAILS AND HAIR -  
COSMETOLOGY

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**ARTICLE IV SHARES**

The number of shares of stock is: 1000 @ \$1 PAR

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

Name and Title: LINDA WEINER Name and Title: PRES

Address: 400 N. SWEETWATER BLVD.

LONGWOOD FL 32719

Name and Title: LINDA WEINER Name and Title: V-P

Address: Same

Name and Title: SEC

Address: Same

(conti.)

Name and Title: LINDA UETTER Name and Title: TREAS.  
Address: Dune Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: COLETTE A. ONEIL  
Address: 3032-B So Rio Grande Ave  
ORLANDO, FL 32805

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: COLETTE A. ONEIL  
Address: 3032-B So Rio Grande Ave  
ORLANDO FL 32805

ARTICLE VIII EFFECTIVE DATE OF INCORPORATION IS 1-1-14

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

Collette A. Oneil  
Required Signature/Registered Agent

12-9-13  
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.

Collette A. Oneil  
Required Signature/Incorporator

12-9-13  
Date

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