

P 1340100684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only

WB-67541



200254005222

12/09/13--01025--003 \*\*10.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 DEC 18 AM 10:49

12/19/13

**COVER LETTER**

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

SUBJECT: Studio One Headquarters 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: Ben Kreger  
Name (Printed or typed)

1244 Lake Clay Dr.  
Address

Lake Placid, FL 33852  
City, State & Zip

586-719-6341  
Daytime Telephone number

Kreger tile@hotmail.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

December 10, 2013

BEN KREGER  
1244 LAKE CLAY DRIVE  
LAKE PLACID, FL 33852

SUBJECT: STUDIO ONE HEADQUARTERS INC.  
Ref. Number: W13000067541

We have received your document for STUDIO ONE HEADQUARTERS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

Letter Number: 813A00028099

**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: Studio One Headquarters Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3031 US 27 North  
Sebring, FL 33870

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Hair Salon / Barber

**ARTICLE IV SHARES**

The number of shares of stock is: ~~0~~ 20

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19 DEC 18 AM 10:49  
SECRETARY OF STATE

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

Name and Title: ~~ONIGENT~~ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: Ben Kreger / President Name and Title: Robert Richmond / CEO

Address: 1244 Lake Clay Dr. Address: 3900 Almeria Ave.  
Lake Placid, FL 33852 Sebring, FL 33870

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: Ben Krieger

Address: 1244 Lake Clay Dr.  
Lake Placid, FL 33852

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ben Krieger

Address: 1244 Lake Clay Dr.  
Lake Placid, FL 33852

*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*

Ben Krieger

Required Signature/Registered Agent

12/2/13

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.*

Ben Krieger

Required Signature/Incorporator

12/2/13

Date

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

Name and Title: ~~ONLINE~~

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Ben Kreger / President

Name and Title: Robert Richmond / CEO

Address: 1244 Lake Clay Dr.  
Lake Placid, FL 33852

Address: 3900 Almeria Ave.  
Sebring, FL 33870

Name and Title: 9

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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VISION OF THE FUTURE

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Name: Ben Kreger

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Lake Placid, FL 33852

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12/2/13  
Date

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Ben Kreger  
Required Signature/Incorporator

12/2/13  
Date