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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Islander Hair, 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: Susan Pearson
Name (Printed or typed)

3688 Donovan Dr. #C
Address

Tallahassee, FL 32309
City, State & Zip

850-519-7936
Daytime Telephone number

info@islanderhair.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: Islander Hair, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3688 Donovan Dr. Unit C
Tallahassee, FL 32309

2910 Kerry Forest Parkway
Suite D4-231
Tallahassee, FL 32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Distribution of
Human hair extensions and hair
products (shampoo, conditioners, hair
oil.)

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susan Pearson, CEO/Chairman Name and Title: _____

Address: 3688 Donovan Dr. Unit C Address: _____

Tallahassee, FL 32309

Name and Title: Don Tolliver, Vice President Name and Title: _____

Address: 53 Bridle Gate Dr. Address: _____

Crawfordville, FL 32327

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: Susan Pearson
Address: 3688 Donovan Dr. unit C
Tallahassee, FL 32309

STATE
TALLAHASSEE, FLORIDA

14 JAN -2 PM 3:16

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:


Name: Susan Pearson
Address: 3688 Donovan Dr. unit C
Tallahassee, FL 32309

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

1/2/14
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

1/2/14
Date