

P14U0000D9883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

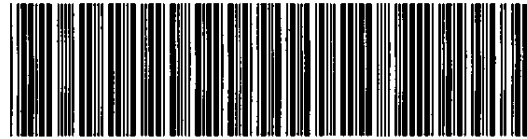
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/08/14--01013--017 **78.75

FILED
14 JAN 27 PM 3:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

WA-2656

COVER LETTER

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

SUBJECT: SPOILED HAIR COMPANY
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ELMIRA I SLINCAR
Name (Printed or typed)

437 43rd STREET
Address

WEST PALM BEACH, FL 33407
City, State & Zip

561-236-5483
Daytime Telephone number

FREEDONEXTENSIONS@GMAIL.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

RECEIVED

14 JAN 30 PM 12:09

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

January 14, 2014

ELMIRA I SUNCAR
437 43RD ST
WEST PALM BEACH, FL 33407

SUBJECT: SPOILED HAIR COMPANY
Ref. Number: W14000002656

We have received your document for SPOILED HAIR COMPANY 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 document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return 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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 714A00000941

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: SPOILED HAIR COMPANY

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

437 43rd STREET
West PALM Beach, FL 33407

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RETAIL HAIR EXTENSIONS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELMIRA SUNCAR
PRESIDENT / CEO Name and Title: _____

Address 437 43rd STREET Address: _____

West PALM Beach, FL 33407

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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: ELMIRA I SUNCAR
Address: 437 43rd STREET
WEST PALM BEACH, FL 33407

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ELMIRA I SUNCAR
Address: 437 43rd STREET
WEST PALM BEACH, FL 33407

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

Elmira I Suncar

Required Signature/Registered Agent

01/06/14
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.

Elmira I Suncar

Required Signature/Incorporator

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TALLAHASSEE FLORIDA
01/06/14