

014000027444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

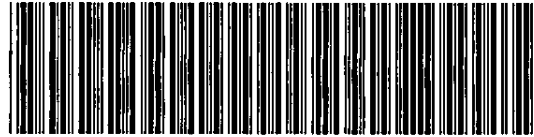
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

TS W1400015161  
3/10/14

B 3/27/14



400256882724

03/06/14--01024--011 \*\*78.75

FILING CANCELLED  
RETURNED CHECK

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
14 MAR 26 AM 11:07

## COVER LETTER

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

SUBJECT: **HairCareLove Incorporated**

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: **Seleste Albury**  
Name (Printed or typed)

**351 N Congress Ave #124**  
Address

**Boynton Beach, FL 33426**  
City, State & Zip

**561-301-9576**  
Daytime Telephone number

**HairCareLove.Info@gmail.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 617, F.S., (Not for Profit)

**FILING CANCELLED  
RETURNED CHECK**

**ARTICLE I    NAME**

The name of the corporation shall be: HairCareLove Incorporated

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
5325 Cedar Lake Rd 1022  
Boynton Beach, FL 33426

Mailing address, if different is:  
351 N Congress Ave # 124  
Boynton Beach, FL 33426

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: HairCareLove is a non-profit corporation and  
shall opertate exclusively for charitable purposes within the meaning of Section  
501 (c) (3) of the Internal Revenue code, or the corresponding section of any future  
federal tax code. HairCareLove's purpose is to provide hair care and hygeine items to  
girls in the Florida Guardian Ad Litem program through charitable donations and  
fundraising.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_  
Volunteers will be voted in by unanimous vote

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

Name and Title: Seleste Albury, PCEO  
Address: 351 N Congress Ave #124  
Boynton Beah, FL 33426

Name and Title: Lisa Clark, VDB  
Address: 859 NE4th st  
Deerfield Beach, FL 33441

Name and Title: Yavon Hudgins, VDT  
Address: 859 NEth St  
Deerfield Beach, FL 33441

Name and Title: Michelle Belini, VDS  
Address: 6774 Sweet Maple Ln  
Boca Raton, 33433

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

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

PAID  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 26 AM 11:07

FILING CANCELLED  
RETURNED CHECK

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

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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: Seleste Albury

Address: 5325 Cedar Lake Rd 1022

Boynton Beach, FL 33426

PA FILE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 26 AM 11:07

**ARTICLE VII INCORPORATOR**

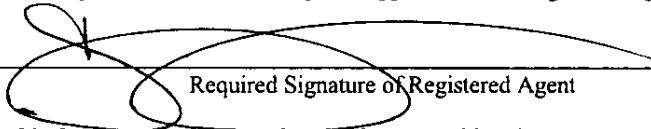
The name and address of the Incorporator is:

Name: Seleste Albury

Address: 351 N Congress Ave #124

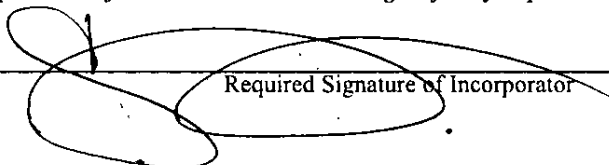
Boynton Beach, FL 33426

*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 of Registered Agent

3/25/2014  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

3/25/2014  
Date