

P14000036222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

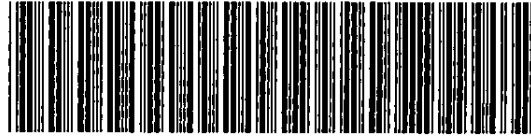
(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 APR 21 PM 2:33

## COVER LETTER

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

SUBJECT: **JOHN CHARLES 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  
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: **JOHN THIMSEN**

Name (Printed or typed)

**1963 BETHEL BLVD**

Address

**BOCA RATON FLORIDA**

City, State & Zip

**561-391-9771**

Daytime Telephone number

**JTHIMSEN@BELLSOUTH.NET**

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: **JOHN CHARLES HAIR COMPANY**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**1963 BETHEL BLVD**

**BOCA RATON FLORIDA, 33486**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **ENGAGE IN THE PRACTICE OF COSMOTOLOGY**

**ARTICLE IV SHARES** **100**

The number of shares of stock is:

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

Name and Title: **JOHN THIMSEN PDT**

Name and Title:

Address **1963 BETHEL BLVD**

Address:

**BOCA RATON FLORIDA**

**33486**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

(conti.)

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

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

~~THE IMMEDIATELY PRECEDING CERTIFICATE SHALL BE VOID UNLESS SIGNED BY THE REGISTERED AGENT IS:~~

Name: JOHN THIMSEN  
Address: 1963 BETHEL BLVD  
BOCA RATON FLORIDA, 33486

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOHN THIMSEN  
Address: 1963 BETHEL BLVD  
BOCA RATON FLORIDA 33486

*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

4/16/14  
\_\_\_\_\_  
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

4/16/14  
\_\_\_\_\_  
Date

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