

PK0000064592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

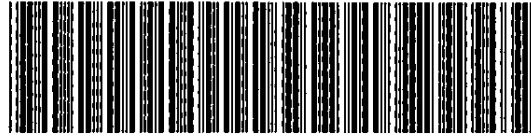
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600262407416

07/18/14--01035--003 **70.00

FILED
14 JUL 31 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/14-24/575

MD 8/1



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2014

TOM LAMANNA
5755 IVREA DR.
SARASOTA, FL 34238

SUBJECT: TOM AND VALERIE'S HAIR AFFAIR INC.
Ref. Number: W14000044575

We have received your document for TOM AND VALERIE'S HAIR AFFAIR 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 purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

It appears from the information given in your filing that the incorrect documents were submitted. If you are intending this entity to be a NON-PROFIT corporation, please make the correction stated above and submit for processing. If you're intentions are to be a PROFIT corporation, please complete the attached forms.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 714A00015581

COVER LETTER

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

SUBJECT: TOM AND VALERIE'S HAIR AFFAIR 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: TOM LAMANNA
Name (Printed or typed)

5755 IVREA DR.
Address

SARASOTA FL, 34238
City, State & Zip

941-993-7679
Daytime Telephone number

TOM LAMANNA@YAHOO.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: TOM AND VALERIE'S HAIR AFFAIR INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8131 Cooper Creek Blvd. lot 19 5755 IUREA DR
University Park, FL 34201 SARASOTA FL 34238

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HAIR SERVICES

Beauty BARBER SERVICES
HAIR treatments - perms - color - styling
cutting,

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TOM LAMANNA (Director) Name and Title: _____

Address: 5755 IUREA DR Address: _____
SARASOTA, FL
34238

Name and Title: Valerie LAMANNA (President) Name and Title: _____

Address: 5755 IUREA DR Address: _____
SARASOTA, FL
34238

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: TOM LAMANN A
Address: 5755 IUREA DR
SARASOTA FL 34238

FILED
14 JUL 31 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VALERIE LAMANN A
Address: 5755 IUREA DR
SARASOTA FL 34238

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

Tom Lamanna
Required Signature/Registered Agent

7/27/14
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.

Valerie Lamanna
Required Signature/Incorporator

7/27/14
Date