

P14000076872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

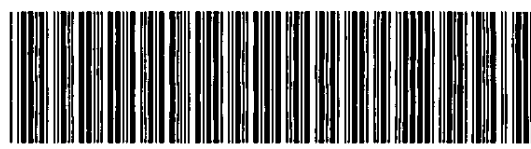
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100264142911

09/15/14--01012--016 **70.00

FILED
14 SEP 15 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/17/14

COVER LETTER

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

SUBJECT: DAVIS ISLAND BEAUTY SALON & SPA & BARBER SHOP 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: SAIMA JAVED
Name (Printed or typed)

6156 LANSHIRE DR.
Address

TAMPA FL 33634
City, State & Zip

813-889-0947
Daytime Telephone number

INFO@DAVISISLANDSALON.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED
14 SEP 15 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
14 SEP 15 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: DAVIS ISLAND BEAUTY SALON & SPA & BARBER SHOP INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

215 E DAVIS BLVD
TAMPA, FLORIDA 33606

Mailing address, if different is:

6156 LANSHIRE DR.
TAMPA, FL 33634

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Established to deal with cosmetic treatments for men and women.

Offering sets of treatments related to hair, skin health, facial aesthetic, foot care, aromatherapy, meditation, oxygen therapy, mud baths, and many other services.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SAIMA JAVED

Address: 6156 LANSHIRE DR.
TAMPA, FL 33634

Name and Title: JAE BLUE

Address: 6156 LANSHIRE DR.
TAMPA, FL 33634

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: SAIMA JAVED
Address: 6156 LANSHIRE DR.
TAMPA FL 33634

ARTICLE VII INCORPORATOR

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

Name: SAIMA JAVED
Address: 6156 LANSHIRE DR.
TAMPA FL 33634

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

09-11-14
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

09-11-14
Date

FILED
14 SEP 15 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA