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(Requestor's Name)

(Address)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: The Color Room Hair Studio 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: Jacqueline Conklin

Name (Printed or typed)

202 SW 32nd Terrace

Address

Cape Coral, FL. 33914

City, State & Zip

239-745-0306

Daytime Telephone number

TheColorRoomHairStudio@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: The Color Room Hair Studio Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

202 SW 32nd Terrace

Cape Coral, FL.

33914

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of organizing this
corporation is to do business in Cape Coral, Florida as a
registered Salon/Hairstylist.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jacqueline Conklin President

Name and Title: _____

Address 202 SW 32nd Terrace

Address: _____

Cape Coral, FL.

33914

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

14 NOV - 3 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jacqueline Conklin

Address: 202 SW 32nd Terrace

Cape Coral, FL. 33914

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jacqueline Conklin

Address: 202 SW 32nd Terrace

Cape Coral, FL 33914

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

10/28/2014

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

10/28/2014

Date