PHOOO9134

(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:					





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DEPARTMENT OF STATE

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COVER LETTER

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

SUBJECT: Breath of Fresh (PROPOSED CORPORAT	Hair Beauty Ealon IV				
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:				
□ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED				
FROM: Annie Bell Jon	(Printed or typed)				
3475 Geddie ld 32303					
Tallahassee Fl City, S	State & Zip				
950-339-8173 Daytime Te	elephone number				

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

E-mail address: (to be used for future annual report notification)

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

TICLE II PI	RINCIPAL OFFICE Principal street address	Mailing	Mailing address, if different is:		
175 (Geddic Rd	3479	5 Gradie	69	
	ssee 71 32303	Tall 7			
TICLE III PU	RPOSE		,1 .		
purpose for which	h the corporation is organized is: <u>Bea</u>	rand solow		AON 7	
			, <u>Cri</u>	<u> </u>	
			D. B.	P :: :::::::::::::::::::::::::::::::::	
			- Sin	<u></u>	
TICLE IV SI	HARES				
number of shares	HARES of stock is: \\ WITIAL OFFICERS AND/OR DIRECT itle: Provide (2011) Jones	ORS			
number of shares FICLE V IN Name and Ta	of stock is: \ WITIAL OFFICERS AND/OR DIRECT Itle: Angle (21) Jones	ORS Name and Title:			
number of shares	of stock is: \ WITIAL OFFICERS AND/OR DIRECT itle: Physic (2011 Jones) 3475 Geddie Rd	ORS Name and Title: Address:			
number of shares FICLE V IN Name and Ta	of stock is: \ WITIAL OFFICERS AND/OR DIRECT Itle: Angle (21) Jones	ORS Name and Title: Address:			
number of shares TICLE V IN Name and Ta Address	of stock is: \\ \text{VITIAL OFFICERS AND/OR DIRECT} itle: \text{Annic (Bell Jones} \text{34.75 Geddie Ld} \text{Tallahassee Fl 30.26}	ORS Name and Title: Address:			
number of shares TICLE V IN Name and Ta Address	of stock is: NITIAL OFFICERS AND/OR DIRECT itle: Annic Ball Jones 3475 Geddie Rd Tallahassee Fl 322 President	ORS Name and Title: Address: Name and Title:			
number of shares TICLE V IN Name and Ta Address Name and Ta	of stock is: \\ \text{VITIAL OFFICERS AND/OR DIRECT itle: Annic (3:11 Jones) 3475 Geddie Ld \text{Tallahassee Fl 323} \text{President}	ORS Name and Title: Address: Name and Title: Address:			
number of shares TICLE V IN Name and Ta Address Name and Ta	of stock is: \ WITIAL OFFICERS AND/OR DIRECT itle: Annic Bell Jones 3475 Geddie Rd Tallahassee Fl 322 President	DRS Name and Title: Address: Name and Title: Address:			
number of shares TICLE V IN Name and Ti Address Name and Tit Address	of stock is: NITIAL OFFICERS AND/OR DIRECT itle: Annic Bell Jones 3475 Geddie Rd Tallahassee Fl 322 President	DRS Name and Title: Address: Name and Title: 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: Anoie Sones	
Address: 34756 addre Pd	
Tall Fl 32303	
ARTICLE VII INCORPORATOR	1 (S. 1)
The <u>name and address</u> of the Incorporator is:	2- 43
Name: Annie Sones Address: 3475 Geddie Rd	-
Address: 3475 Geddie Rd	
2475 Geddre P Tal	17 F/ 3030B
Having been named as registered agent to accept service of proce this certificate, I am familiar with and accept the appointment as r	
Required Signature/Registered Agent	11/12/14 Date
I submit this document and affirm that the facts stated herein ar document to the Department of State constitutes a third degree feld	e true. I am aware that the false information submitted in a only as provided for in s.817.155, F.S.
Required Signature/Incorporator	