

P 14000161549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

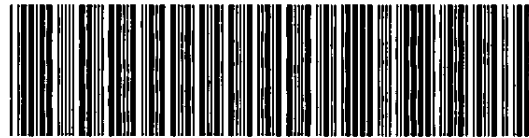
(Document Number)

Certified Copies _____ Certificates of Status _____

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12/08/14--01017--013 **70.00

FILED

14 DEC 22 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

cf 12/23/14

COVER LETTER

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

SUBJECT: Haircraft by Jo 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: Josephine Jones

Name (Printed or typed)

1716 SW 4th Street

Address

Fort Lauderdale, FL 33312

City, State & Zip

954-270-4544

Daytime Telephone number

haircrafterjo@gmail.com

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC 22 PM 12:22

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2014

JOSEPHINE JONES
1716 SW 4TH STREET
FORT LAUDERDALE, FL 33312

SUBJECT: HAIRCRAFT BY JO INC
Ref. Number: W14000073266

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC 22 PM 1:48

RECEIVED

We have received your document for HAIRCRAFT BY JO 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):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Claretha Golden

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC 22 PM 12:22

FILED

Regulatory Specialist II
New Filing Section

Letter Number: 314A00025937

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: Haircraft by Jo Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1716 SW 4th Street

Fort Lauderdale, FL 33312

Mailing address, if different is:

1716 SW 4th Street

Fort Lauderdale, FL 33312

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide hair services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Josephine Jones President

Address: 1716 SW 4th Street

Fort Lauderdale, FL 33312

Name and Title: _____

Address: _____

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: _____

ARTICLE VI REGISTERED AGENT

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

Name: Josephine Jones

Address: 1716 SW 4th Street
Fort Lauderdale, FL 33312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Josephine Jones

Address: 1716 SW 4th Street
Fort Lauderdale, FL 33312

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

J. Jones
Required Signature/Registered Agent

12/4/2014

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.

J. Jones
Required Signature/Incorporator

12/4/2014
Date

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14 DEC 22 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA