

P15000015753

(Requestor's Name)

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(City/State/Zip/Phone #)

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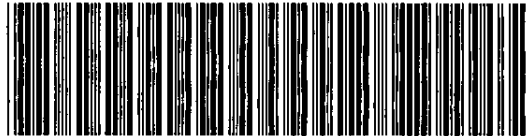
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/17/15

COVER LETTER

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

SUBJECT: PAT'S BARBER & STYLE SALON, 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: PATRICIA M. DOUCETTE
Name (Printed or typed)

2113 ANCHOR AVE
Address

SPRING HILL, FLORIDA 34608
City, State & Zip

(352) 688-2492 OR 352-650-7444
Daytime Telephone number

pmd07@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

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: PAT'S BARBER & STYLE SALON, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address,

1406 KASS CIRCLE (work)
SPRING HILL, FLORIDA
34606

Mailing address, if different is:

PAT DOUCETTE (Home)
2113 ANCHOR AVE.
SPRING HILL, FL 34608

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PATRICIA DOUCETTE Name and Title: _____

Address: 2113 ANCHOR AVE- Address: _____
SPRING HILL, FL-
34608

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

(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: PATRICIA^M DOUCETTE

Address: 2113 ANCHOR AVE.
SPRING HILL, FL 34608

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: TITLE: PTSD

Name: PATRICIA M. DOUCETTE

Address: 2113 ANCHOR AVE.
SPRING HILL, FL 34608

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

Patricia M. Doucette
Required Signature/Registered Agent

2-4-15
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.

Patricia M. Doucette
Required Signature/Incorporator

2-4-2015
Date

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TALLAHASSEE, FLORIDA