

P15000021480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

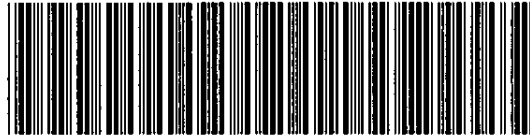
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Use Only



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02/13/15--01024--003 **87.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: One Night Strands, 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 ☐ \$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: Jessica C. Wallett

Name (Printed or typed)

371 Yarmouth Street

Address

Marco Island, FL 34145

City, State & Zip

(239) 595-2097

Daytime Telephone number

salonmarco@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: One Night Strands, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

371 Yarmouth Street
Marco Island, FL 34145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for the research and development, and
operation, of the business of rental hair extension kits and products. The
purposes of this corporation include the marketing, advertising, education,
and sales of hair extension rental kits and products. This corporation
will provide means by which product developments, processes, inventions,
and work products of employees may be patented, developed and utilized
by the corporation.

ARTICLE IV SHARES

The number of shares of stock is: 4

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jessica C. Wallett, President

Name and Title: Abby E. Yetter, Vice-President

Address: 371 Yarmouth Street
Marco Island, FL 34145

Address: 204 St. Andrews Boulevard
Naples, FL 34113

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FLORIDA

(cont.)

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: Jessica Wallett

Address: 371 Yarmouth Street

Marco Island, FL 34145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

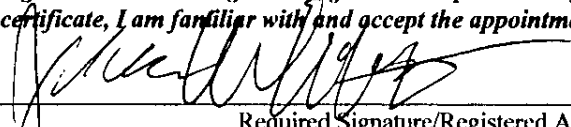
Name: Abby Yetter

Address: 204 St. Andrews Boulevard

Naples, FL 34113

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TALLAHASSEE, FLORIDA

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

2/9/2015
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

2/9/2015
Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 MAR -4 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 17, 2015

JESSICA WALLET
371 YARMOUTH STREET
MARCO ISLAND, FL 34145

SUBJECT: ONE NIGHT STRANDS, INC.
Ref. Number: W15000011588

We have received your document for ONE NIGHT STRANDS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 115A00003332

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TALLAHASSEE, FLORIDA