

P150000336666

(Requestor's Name)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/14/15

COVER LETTER

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

SUBJECT: Salon & Babberitos, 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: Law Office of Erik Roskopf, PA

Name (Printed or typed)

7749 Normandy Blvd Suite 145-337

Address

Jacksonville, FL 32221

City, State & Zip

(904) 422-4323

Daytime Telephone number

erik@1stcoastlaw.com

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

15 APR 13 PM 2:50

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

RECEIVED
15 APR 13 PM 2:09
TALLAHASSEE, FLA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2015

LAW OFFICE OF ERIK ROSSKOPF, PA
7749 NORMANDY BOULEVARD
SUITE 145-337
JACKSONVILLE, FL 32221

SUBJECT: SALON & BABBERITOS, INC.
Ref. Number: W15000004027

We have received your document for SALON & BABBERITOS, 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):

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

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
Regulatory Specialist II
New Filing Section

Letter Number: 915A00005309

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15 APR 13 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 MAR 13 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 20, 2015

LAW OFFICE OF ERIK ROSSKOPF, PA
7749 NORMANDY BOULEVARD
SUITE 145-337
JACKSONVILLE, FL 32221

SUBJECT: SALON & BABBERITOS, INC.
Ref. Number: W15000004027

We have received your document for SALON & BABBERITOS, 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):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

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
Regulatory Specialist II
New Filing Section

Letter Number: 715A00001142

FILED
15 APR 13 PM 2:50
SECRETARY OF STATE
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: Salon & Babberitos, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8800 Chambore Drive

Jacksonville, FL 32256

Mailing address, if different is:

DEPT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Hair Stylist and Wholesale and retail sales
of consumer products

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Armando Bracamonte

Address: President

8800 Chambore Dr.

Jacksonville, FL 32256

Name and Title: Armando Bracamonte

Address: Secretary

8800 Chambore Dr.

Jacksonville, FL 32256

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Armando Bracamonte
Address: 8800 Chambore Dr.
Jacksonville, FL 32256

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Law Office of Erik Roskopf PA
Address: 7749 Normandy Blvd. Suite 145-337
Jacksonville, FL 32221

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

Armando Bracamonte
Required Signature/Registered Agent

3/27/2015
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.817.135, F.S.

Erik Roskopf
Required Signature/Incorporator

4/8/15
Date

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15 APR 13 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA