

P15000067214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

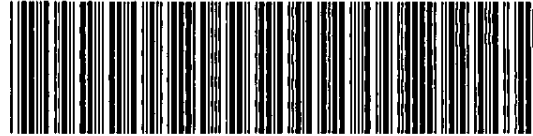
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 11 2015

W PAINTER

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

Heidi's Hair 4U, Inc.

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: Heidi Nelson

Address: 12655 SW 12th St.

Dawie, FL 33325

ARTICLE VII INCORPORATOR

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

Name: Heidi Nelson

Address: 12655 SW 12th Street

Dawie, FL 33325

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE: July 1, 2015

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Heidi Nelson

Required Signature/Registered Agent

8-3-15

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.

Heidi Nelson

Required Signature/Incorporator

8-3-15

Date