

P15000076753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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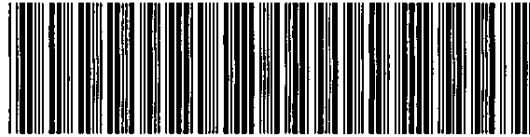
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 SEP - 8 PM 1:44

APPROVED
AND
FILED

146

COVER LETTER

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

SUBJECT: Cut-Outs Hair Design, 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: Patsy S. Sims
Name (Printed or typed)

4673 Evelyn St.
Address

Pace, FL 32571
City, State & Zip

850-994-0710
Daytime Telephone number

N/A
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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Cut-Outs Hair Design, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4673 Evelyn St.

Pace, FL 32571

45 SEP -8 PM 1:44

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in Services of Beauty Shop.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patsy S. Sims-President Name and Title: Junior D. Sims-Sec/Treas.

Address: 4673 Evelyn St. Address: 4673 Evelyn St.

Pace, FL 32571 Pace, FL 32571

Name and Title: Patsy S. Sims-President Name and Title: Junior D. Sims Sec/Treas

Address: 4673 Evelyn St Address: 4673 Evelyn St

Pace FL 32571 Pace FL 32571

09/02/2015 09/02/2015

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

APPROVED
AND
FILED
(cont.)

15 SEP -8 PM 1:44

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Patsy S. Sims
Address: 4673 Evelyn St.
Pace, FL 32571

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Patsy S. Sims
Address: 4673 Evelyn St.
Pace, FL 32571

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

Patsy S. Sims
Required Signature/Registered Agent

09/02/2015
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.

Patsy S. Sims
Required Signature/Incorporator

09/02/2015
Date