## P150009037A

| (Requestor's Name)      |                   |             |  |  |  |
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| (Address)               |                   |             |  |  |  |
|                         |                   |             |  |  |  |
| (Cit                    | y/State/Zip/Phone | e #)        |  |  |  |
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| PICK-UP                 | ☐ WAIT            | MAIL        |  |  |  |
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| /Pu                     | siness Entity Nar | no)         |  |  |  |
| ud)                     | siness ⊑nuty ivar | ne)         |  |  |  |
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| (Do                     | cument Number)    |             |  |  |  |
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| Certified Copies        | _ Certificates    | s of Status |  |  |  |
|                         |                   |             |  |  |  |
|                         |                   |             |  |  |  |
| Special Instructions to | Filing Officer:   |             |  |  |  |
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Office Use Only

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## **COVER LETTER**

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

Laurie's Evolution Salon & Spa, Inc.

| SUBJECT:           | es Evolution Saion & Spa, Inc.     |  |   |
|--------------------|------------------------------------|--|---|
|                    | (PROPOSED CORPORA                  | ATE NAME – <u>MUST INCL</u>                        | <u>UDE SUFFIX</u> )   |
| Enclosed are an or | riginal and one (1) copy of the ar | ticles of incorporation and                        | d a check for:  |
| \$70.00 Filing Fee |                                    | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate o Status  PPY REQUIRED |
|                    |                                    | **************************************             |   |
| FROM: _            | aurie Spillane                     | e (Printed or typed)                               |   |
| 33                 | 275 NW Federal Hwy.                | e (Frinted of typed)                               |   |
|                    |                                    | Address  |   |
| Je                 | ensen Beach, FL 34957              |  |   |
| _                  | City,                              | State & Zip  |   |
| (7                 | 772)692-4280                       |  |   |
| ·                  | Daytime T                          | elephone number                                    |   |
| ev                 | olutionhair@bellsouth.net          |  |   |
|                    | E-mail address: (to be use         | d for future annual report r                       | 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 II PRINC   | Principal street address  |  | Mailing address, if | differen       | t is:         |
|--|---|--|---------------------|----------------|---------------|
| 3275 NW Federal Hwy  |   | <u> </u>   |                     |                | <del>-=</del> |
| lensen Beach, FL 3495  | /<br><del></del>  |  | <del>a</del>        |                | 20            |
|  | <del>-</del>  | <del></del>  |                     | 12.            | <u>မ</u>      |
| ARTICLE III PURPO  | <u>DSE</u>  | Any and all lawful business  |                     |                | PH 12         |
| The purpose for which the corporation is organized is:   |   |  |                     | <u></u>        | ••            |
|  |   |  |                     | -12 : <u>-</u> | 06            |
|  |   |  |                     |                |               |
|  |   |  |                     |                |               |
|  |   |  |                     |                |               |
|  |   |  |                     |                |               |
|  |   |  |                     |                |               |
| RTICLE IV SHARE he number of shares of   | ES 10,000 stock is:   |  |                     |                |               |
| Name and Title   | L OFFICERS AND/OR DIRE Laurie Spillane, President   | CCTORS  Name and Titl  | e:                  |                |               |
| the number of shares of the number o | L OFFICERS AND/OR DIRE Laurie Spillane, President 3275 NW Federal Hwy.                        | <u>CCTORS</u>  | e:                  |                |               |
| The number of shares of sh | L OFFICERS AND/OR DIRE Laurie Spillane, President   | CCTORS  Name and Titl  | e:                  |                |               |
| The number of shares of sh | LOFFICERS AND/OR DIRE Laurie Spillane, President 3275 NW Federal Hwy.  Jensen Beach, FL 34957 | Name and Titl Address:   |                     |                |               |
| The number of shares of sh | L OFFICERS AND/OR DIRE Laurie Spillane, President 3275 NW Federal Hwy.                        | Name and Titl Address:   |                     |                |               |
| The number of shares of sh | LOFFICERS AND/OR DIRE Laurie Spillane, President 3275 NW Federal Hwy.  Jensen Beach, FL 34957 | Name and Titl Address:  Name and Titl                                  |                     |                |               |
| The number of shares of sh | LOFFICERS AND/OR DIRE Laurie Spillane, President 3275 NW Federal Hwy. Jensen Beach, FL 34957  | Name and Titl Address:  Name and Titl Address:  Address:               | e:                  |                |               |
| The number of shares of sh | LOFFICERS AND/OR DIRE Laurie Spillane, President 3275 NW Federal Hwy.  Jensen Beach, FL 34957 | Name and Titl Address:  Name and Titl Address:                         | e:                  |                |               |
| The number of shares of sh | LOFFICERS AND/OR DIRE Laurie Spillane, President 3275 NW Federal Hwy.  Jensen Beach, FL 34957 | Name and Titl Address:  Name and Titl Address:  Name and Titl Address: | e:                  |                |               |

| Name a  | and fille:   | Name and Title:   |   |
|---|--|---|---|
| Addre   | ss   | Address:  |   |
|   |  |   |   |
|   | <u>REGISTERED AGENT</u><br>Florida street address (P.O. Box NOT acceptable) o  | of the registered agent is:                                     | 15 0C                                       |
| Name:   | Linda E. Capobianco  |   | 0CT 30                                      |
| Address:  | Stone & Capobianco, P.L.   | _   | 2   |
|   | 219 SE Ocean Blvd., Stuart, FL 34994   |   | PH 12: 06                                   |
| ARTICLE VII   | INCORPORATOR   |   |   |
| The name and a  | address of the Incorporator is:  |   |   |
| Name:   | Laurie Spillane  | <del></del> .   |   |
| Address:  | 3275 NW Federal Hwy.   |   |   |
|   | Jensen Beach, FL 34957   | _   |   |
| Effective date, i<br>(If an effective<br>days after the | if other than the date of filing:  date is listed, the date must be specific and cann filing.)  te inserted in this block does not meet the applicable | ot be more than five busine                                     | ss days prior or 90 business                |
|   | effective date on the Department of State's records.   |   | -,  |
|   | amed as registered agent to accept service of proces<br>I am familiar with and accept the appointment as re  |   |   |
|   | ide Carin  |   | 10/26/2015                                  |
|   | Required Signature/Registered Agent  | · · · · · · · · · · · · · · · · · · ·                           | Date  |
| I submit this do  | peyment and affirm that the facts stated herein are<br>Department of State constitutes a third degree felo   | e true. I am aware that the f<br>ny as provided for in s.817.15 | alse information submitted in a<br>55, F.S. |
| Xa  | un Sulu  |   | 10/26/2015                                  |
| Req   | uired Signature/Incorporator   | <del></del>   | Date  |