

P/600002092

(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:

Office Use Only



600280214616

12/21/15--01053--026 **148.75

EFFECTIVE DATE

12/10/15

JAN 1 / 2016

S. GILBERT

FILED
15 MAR -8 AM 1:32
SEATTLE, WASHINGTON
U.S. DEPARTMENT OF STATE
U.S. EMBASSY, FLORIDA

COVER LETTER

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

SUBJECT: CRISTY HAIR STYLE 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: CRISTINA LEON
Name (Printed or typed)
5868 AZALEA CIRCLE
Address
WEST PALM BEACH, FL 33415
City, State & Zip
561-667-8502
Daytime Telephone number
CRISbren24@hotmail.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: CRISTY HAIR STYLE

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5868 AZALEA CIRCLE
WEST PALM BEACH, FL 33415

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CRISTINA LEON - DIRECTOR Name and Title:

Address: 5868 AZALEA CIRCLE Address:
WEST PALM BEACH
FL 33415

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: 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: CRISTINA LEON

Address: 5868 AZALEA CIRCLE
WEST PALM BEACH, FL 33415

ARTICLE VII INCORPORATOR

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

Name: CRISTINA LEON

Address: 5868 AZALEA CIRCLE
WEST PALM BEACH, FL 33415

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/10/2015 (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

Cristina Leon

Required Signature/Registered Agent

12/10/2015

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.

Cristina Leon

Required Signature/Incorporator

12/10/2015

Date