

P16000020694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

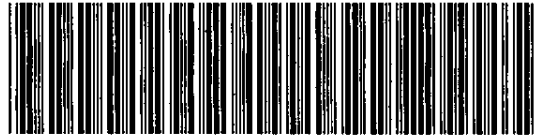
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
16 FEB 26 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~03-7-16~~  
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Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
<b>ADDITIONAL COPY REQUIRED</b>	

**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: Heads Will Roll Hair Designs, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
12 Tallwood Road  
Jacksonville Beach, FL 32250

Mailing address, if different is:  
12 Tallwood Road  
Jacksonville Beach, FL 32250

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide hair care for individuals at their home who can not get to a salon due to illness or mobility issues.

**ARTICLE IV SHARES**

100

The number of shares of stock is: \_\_\_\_\_

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**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Julie Geissmann President</u>	Name and Title:	_____
Address	<u>12 Tallwood Road</u> <u>Jacksonville Beach, FL 32250</u>	Address:	_____ _____ _____

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: Julie Geissmann  
Address: 12 Tallwood Road  
Jacksonville Beach, FL 32250

**ARTICLE VII INCORPORATOR**

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

Name: Julie Geissmann  
Address: 12 Tallwood Road  
Jacksonville Beach, FL 32250

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**ARTICLE VIII EFFECTIVE DATE:**

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*

Julie Geissmann  
Required Signature/Registered Agent

2/24/16  
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.*

Julie Geissmann  
Required Signature/Incorporator

2/24/16  
Date