

P16000027520

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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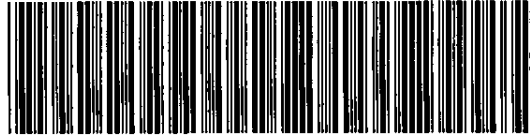
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/22/16--01017--022 **78.75

FILED
16 MAR 22 AM 11:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Guilgan MAR 29 2016

COVER LETTER

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

SUBJECT: Hair Designs by Norma, 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Maria H. Sanchez
Name (Printed or typed)

7035 W. Broward Blvd., #126
Address

Plantation, FL 33317
City, State & Zip

(954) 993-6024
Daytime Telephone number

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: Hair Designs by Norma, Inc.,

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7035 W. Broward Blvd., #126

7035 W. Broward Blvd #126

Plantation, Fl. 33317

Plantation, Fl. 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To render cosmetological
services to the public.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria H. Sanchez. President Name and Title: _____

Address 7035 W. Broward Blvd., Address: _____
#126
Plantation, Fl. 33317

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: Monica Nin

Address: 110 E. Broward Blvd. #1700
Fort Lauderdale, FL 33301

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Maria H. Sanchez

Address: 7035 W. Broward Blvd. #126
Plantation, FL 33317

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

 M. Sanchez

Required Signature/Registered Agent

3-17-16

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.

M. H. Sanchez

Required Signature/Incorporator

3-17-16

Date