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16 JUL 25 PM 3:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/1

COVER LETTER

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

SUBJECT: HAIR & NAILS BY LAURA 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

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

FROM: Laura B. Squires
Name (Printed or typed)
501 Cherrywood Drive
Address
Ormond Beach FL 32175
City, State & Zip
(386) 871-9710
Daytime Telephone number
anchoredup@outlook.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)

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ARTICLE I NAME

The name of the corporation shall be: HAIR & NAILS BY LAURA INC.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

501 Cherrywood Drive

Ormond Beach FL 32175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Haircuts and styling. Nail care
services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Laura B. Squires, Pres.

Name and Title: _____

Address

501 Cherrywood Drive

Address: _____

Ormond Beach FL 32175

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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Name and Title: _____ Name and Title: 16 JUL 25 PM 3: 51
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: Laura B. Squires
Address: 501 Cherrywood Drive
Ormond Beach FL 32175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Laura B. Squires
Address: 501 Cherrywood Drive
Ormond Beach FL 32175

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 1, 2016 (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

Laura B. Squires 6/13/16
Required Signature/Registered Agent 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.

Laura B. Squires 6/13/16
Required Signature/Incorporator Date