

P16000085792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

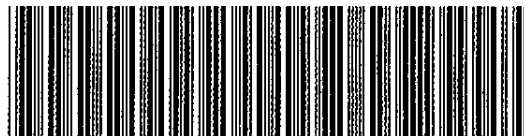
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OCT 26 2016



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2016 OCT 24 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: TANGLES HAIR STUDIO OF MELBOURNE, 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: Christin N. Trader

Name (Printed or typed)

1903 Municipal Lane

Address

Melbourne, FL 32901

City, State & Zip

321-794-1981

Daytime Telephone number

chrissykb22@aol.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

October 15, 2016

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

2016 OCT 24 PM 12:46
TALLAHASSEE, FL 32314

RE: Document # P08000054156

I am the owner of Tangles Hair Studio of Melbourne, Inc. The Document # is P08000054156.

I have no intentions of reinstating the company. Please release the name to being reused.

Thank you!



Christin N. Trader

President

321-794-1981

Tangles Hair Studio of Melbourne, Inc.

1903 Municipal Lane

Melbourne, FL 32901

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: Tangles Hair Studio of Melbourne Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1903 Municipal Lane

Melbourne, FL 32901

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100 shares, no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christin N. Trader, President

Name and Title:

Address: 1903 Municipal Lane

Address:

Melbourne, FL 32901

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN FLORIDA

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: J. Rudi Trader, Esq. _____

Address: 903 East Strawbridge Ave _____

Melbourne, FL 32901 _____

ARTICLE VII INCORPORATOR

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

Name: Christin N. Trader _____

Address: 1903 Municipal Lane _____

Melbourne, FL 32901 _____

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FLORIDA
JUDICIAL
COURTS

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

Required Signature/Registered Agent

10/20/16
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.

Required Signature/Incorporator

10/20/16
Date