

PIW0000 86976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

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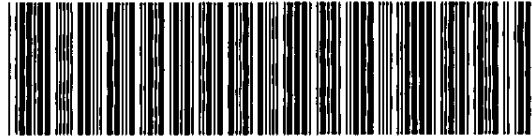
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
16 OCT 31 PM 12:57

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ECOMERGENCY
FALLAHASSEE (FORD)

COVER LETTER

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

SUBJECT: Labors of Love by Rita, 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: Rita Hunter

Name (Printed or typed)

5317-D Hwy 22

Address

Callaway, FL 32404

City, State & Zip

(850) 481-3703

Daytime Telephone number

rritahunter@gmail.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) PA

ARTICLE I NAME

The name of the corporation shall be:

Labors of Love by Rita, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

5317-D Hwy 22

Callaway, FL 32404

Mailing address, if different is:

181 Springtime St. Wewahatchka, FL 32465

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

as a full salon to provide
cosmetology services to the public.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Rita Hunter

Name and Title:

CEO

Address

181 Springtime St.
Wewahatchka, FL 32465

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, 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: Rita Hunter
Address: 181 Springtime St.
Wewahatchka, FL 32465

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rita Hunter
Address: 181 Springtime St.
Wewahatchka, FL 32465

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10-31-16 (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

Rita Hunter

Required Signature/Registered Agent

10-31-16

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.

Rita Hunter

Required Signature/Incorporator

10-31-16

Date