

P16000087722

(Requestor's Name)

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2016 OCT 28 AM 9:44
CLERK OF STATE
TALLAHASSEE, FLORIDA

V HERRING
NOV - 2 2016

COVER LETTER

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

SUBJECT: UK Hair studio, 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: Jeremy A Joyce
Name (Printed or typed)

6190 W Sample Road, unit 116
Address

Coral Springs FL 33067
City, State & Zip

954 242 1247
Daytime Telephone number

J-Jeremy@bellsouth.net
E-mail address: (to be used for future annual report notification)

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

To whom it my concern

* I have no intention of re-instating my company #
P15000023278 UK Hair studio, Inc . Please release this name.

I would like to register my new name as UK hair studio, Inc

Enclosed is the fee in the form of a check

Thank you for your help

Yours sincerely

Jeremy Joyce



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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: Uk Hair Studio, Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

6190 W Sample Road
Coral Springs, Fl 33067

Mailing address, if different is:

220 NW 12th St
Boca Raton Fl 33432

X ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Beauty Salon, haircuts, color ect.

X ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeremy Jeyee President

Name and Title:

Address 220 NW 12th St
Boca Raton
Fl 33432

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title: _____

Name and Title: _____

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Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: _____

Jeremy Tuzo

Address: _____

220 NW 12 st

Boca Raton FL 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

Jeremy Tuzo

Address: _____

220 NW 12 st

Boca Raton FL 33432

X ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10-25-16 (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

Required Signature/Registered Agent

10-25-16
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

10-25-16
Date