## P16000091350

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T 11/16/16

Dear Madam or Sir,

I do not wish to reinstate using the corporate number:

P15000082221 named The Blonde Way, Inc..

I do ask to have the name The Blonde Way Inc. released and used for the new corporation as on this application.

Thank you for your attention to this matter,

atricia a Wood

Patricia A. Wood

The Blonde Way, Inc.

email: L'Kandpat@comcast.net (for remembel notices). HAISTON OF THE STATE



## **COVER LETTER**

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

SUBJECT:	The Blo (PROPOSED CORPORA	ende Wa tename-must inclu	y Inc
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	a check for:
• \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Patricia Name 4041 Gulf	Ann Wood (Printed or typed)  Shore Blvd	C -4
	Naples F City,  (239) 2  Baytime T  LKardput 6  E-mail address: (to be used)	43 - 7407 elephone number	

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:	The Blon	de Way, -	Inc.	
ARTICLE II PRINCIPAL OFFIC Principal stre		Mailing	Mailing address, if different is:	
4041 GWF SI	hore Blud	N#108		
Naples FL 34	1103			
ARTICLE III PURPOSE The purpose for which the corporation	n is organized is:	me Bakın	g Company	
			5-7 	360k
			70V	0,5
ARTICLE IV SHARES	100		PH 2:	·
The number of shares of stock is:		<del></del>	បា	::
ARTICLE V INITIAL OFFICER.	S AND/OR DIRECTORS	Duner		
Name and Title: 10-11		Name and Title:		
	GUFShove P. Intl 108	NVLAddress:		<del></del>
Naples	FL 34103	<u> </u>		<del></del>
Name and Title:		Name and Title:		
Address		Address:		
Name and Title:		Name and Title:		
	<del></del>			

Name and Title:	Name and Title:	
Address	Address:	
		· · · · · · · · · · · · · · · · · · ·
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT ac	cceptable) of the registered agent is:	j J
Name: fatricia Ann	Wood	SECONOMINA VISIG
Address: 4641 Gulf Shu	ore Blva N #108	SECON STORY OF STORY
Naples Fl	34103	三二
Ų		
ARTICLE VII INCORPORATOR		₩ 1.
The name and address of the Incorporator is:	. 01 0	<u></u> 5
Name: <u>Patricia Hnn</u>	Wood	
Address: 4041 Gulf	Wood Shore Blod N #108	
Naples, FC	2403	
ARTICLE VIII EFFECTIVE DATE:		
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific	and cannot be more than five days prior or 9	0 days after the
filing.)		<b>,</b>
Note: If the date inserted in this block does not meet the the document's effective date on the Department of State		te will not be listed as
Having been named as registered agent to accept service this certificate, I am familiar with and accept the appoint		
Valrena Ceru (	bol _	11/08/16
Required Signature/Registered	-	· Date
I submit-this document and affirm that the facts stated document to the Department of State constitutes a third of		ormation submitted in a
( Jatrena Cerux ( )	tool .	11/08/16
Required Signature/Incorporator		Dat