

P170000 11320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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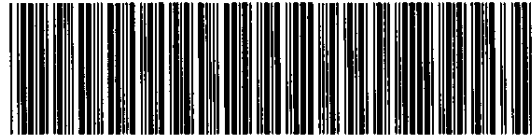
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 FEB -2 PM 3:11  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

V HERRING  
FEB - 3 2017

## COVER LETTER

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

**SUBJECT:** Bayshore Family Hair Care, 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 checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Ratha T. Ny  
Name (Printed or typed)

5317 24th Street West  
Address

Bradenton, Florida 34207  
City, State & Zip

941-545-5126  
Daytime Telephone number

ratha.t.ny@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)

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**ARTICLE I NAME**

The name of the corporation shall be: Bayshore Family Hair Care, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5717 24th Street West

Bradenton, Florida 34207

Mailing address, if different is:

Same

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ratha T. Ny- President

Name and Title: \_\_\_\_\_

Address 5317 24th Street West

Address: \_\_\_\_\_

Bradenton, Florida 34207

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: 2017 FEB -2 PM 3:11  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
DEPARTMENT 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: Ratha T. Ny  
Address: 5317 24th Street West  
Bradenton, Florida 34207

**ARTICLE VII INCORPORATOR**

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

Name: Ratha T. Ny  
Address: 5317 24th Street West  
Bradenton, Florida 34207

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/30/2017 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

X Ratha T. Ny 01/30/2017  
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.*

X Ratha T. Ny 01/30/2017  
Required Signature/Incorporator Date