

P17000044725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

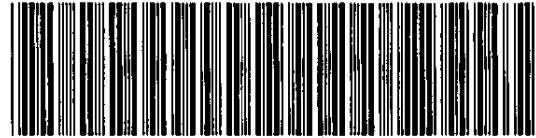
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

MAY 22 2017



300299041633

05/18/17--01014--010 **78.75

05/18/17--01014--011 **8.75

FILED
17 MAY 18 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: WICKED EXTENSIONS, 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: CHARLES Q. JACKSON

Name (Printed or typed)

188 Prince Phillip Dr.

Address

St. Augustine, Florida 32092

City, State & Zip

740-602-6375

Daytime Telephone number

cjackson6445@comcast.net

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)

FILED

17 MAY 18 PM 4:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE I NAME

The name of the corporation shall be: WICKED EXTENSIONS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

188 Prince Phillip Dr.

St. Augustine, Florida 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide human hair bundles for sale

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles Q. Jackson

Name and Title: President

Address 188 Prince Phillip Dr.

Address: 188 Prince Phillip Dr.

St. Augustine, Florida 32092

St. Augustine, Florida 32092

Name and Title: Latif Muhaimen

Name and Title: Vice-President

Address 52 Cape May Ave.

Address: 52 Cape May Ave.

Ponte Vedra Beach, Florida 32082

Ponte Vedra Beach, Florida 32082

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Latif Muhaimeen

Address: 52 Cape May Ave.

Ponte Vedra Beach, Florida 32082

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Charles Q. Jackson

Address: 188 Prince Phillip Dr.

St. Augustine, Florida 32092

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 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

Charles Q. Jackson
Required Signature/Registered Agent

05/15/2017
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.

Charles Q. Jackson
Required Signature/Incorporator

05/15/2017
Date

FILED
17 MAY 18 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA