

P170000083755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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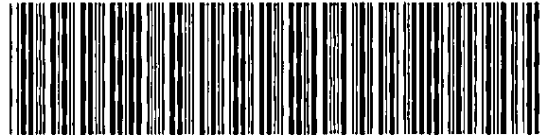
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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10/18/17--01008--006 **78.75

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17 OCT 18 AM 12:56

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17 OCT 18 11:10:55

OCT 18 2017

K. Brumbley

COVER LETTER

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

SUBJECT: The Artist Salon 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: Keisha Nicole Jackson Guerra
Name (Printed or typed)

609 Whittaker Road
Address

Tallahassee Florida 32305
City, State & Zip

850 631-0245
Daytime Telephone number

kg.makupartist@yahoo.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)

ARTICLE I NAME

The name of the corporation shall be: The Artist Salon INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
609 Whittaker Rd

Mailing address, if different is:

Tallahassee FL 32305

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President / Keisha Guerra Name and Title: _____

Address: 609 Whittaker Rd Address: _____
Tallahassee Florida
32305

Name and Title: Casimir Guerra / CEO Name and Title: _____

Address: 609 Whittaker Rd Address: _____
Tallah. FL 32305

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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2017 OCT 18 09:05
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

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: Keisha Guerra
Address: 609 Whittaker Rd
Tallahassee Florida 32305

ARTICLE VII INCORPORATOR

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

Name: Keisha Guerra
Address: 609 Whittaker
Tallahassee Florida 32305

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Oct. 18, 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

Keisha Guerra
Required Signature/Registered Agent

10-18-17
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.

Keisha Guerra
Required Signature/Incorporator

10-18-17
Date