P1700092319

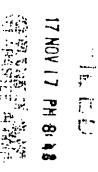
(Re	questor's Name)	
	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	·	
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Special Instructions to	Filing Officer:	

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NOV 20 2017 K Brumbley

Terence N. Thurson

Full Service Accounting Firm 8672 Phillips Highway Jacksonville, FL 32256 Tele: (904) 764-7717 Fax: (904) 652-0366

Email: <u>tntrlt1@bellsouth.net</u>
Web: <u>thursonaccounting.com</u>

October 2, 2017

RE: P13000002119

TOP MODEL BEAUTY SUPPLY INC.

Attn: Saba M. Anderson

1440 Dunn Avenue Jacksonville, FL 32218

To Whom This May Concern,

The above referenced individual Mr. Saba M. Anderson is the owner of this corporation and has no plans on reinstating the old corporation. He would like to start a new corporation but with the same name.

Very Truly Yours.

Terence N Thurson

Saba M. Anderson - President

COVER LETTER

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

SUBJECT: TOP M	IODEL READI A SOLLE INC		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation an	d a check for:
S70.00 Filing Fee	_ +. • •	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	BA M ANDERSON		
144	Name DUNN AVENUE SUITE 9	e (Printed or typed)	
_		Address	<u> </u>
JAC	KSONVILLE, FL 32218		
	City,	State & Zip	
904-	764-7717		
<u></u>	Daytime To	elephone number	· · · · · · · · · · · · · · · · · · ·
TNT	RLT1@BELLSOUTH.NET		
	E-mail address: (to be used	for future annual report no	otification)

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

	ARTICLE I NAM The name of the corpor	In compliance with Chapter 607			NOV 17 PM	- 1
ARTICLE IV SHARES The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS. And ALL LAWFUL BUSINESS. Name and Title: Address: Name and Title: Address: Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:				Mailing address	if different isse	Ų
The purpose for which the corporation is organized is: RTICLE IV SHARES 500		. 32218				•
he number of shares of stock is: RTICLE V	ARTICLE III PURP	OSE the corporation is organized is:	ND ALL LAWFUL	BUSINESS.		
Name and Title:	<u> </u>	·				
Name and Title:						
Name and Title:						
Name and Title:	ne number of shares of	stock is: LOFFICERS AND/OR DIRECTORS				
Name and Title: Address: Name and Title: Name and Title: Name and Title:		SABA M ANDERSON - PRES	Name and Title	ROBERT L AN	DERSON - VP	
Address: Name and Title: Name and Title:				·		
Name and Title: Name and Title:		1440 DUNN AVE		1440 DUNN AV	TE .	
Name and Title:Name and Title:	Address	JACKSONVILLE, FL 32218	Address:	1440 DUNN AV JACKSONVILL	E, FL 32218	
	Address Name and Title:	JACKSONVILLE, FL 32218	Address: Name and Title: Address:	1440 DUNN AV JACKSONVILL	E, FL 32218	
Address: Address:	Address Name and Title:	JACKSONVILLE, FL 32218	Address: Name and Title: Address:	1440 DUNN AV JACKSONVILL	E, FL 32218	
	Address Name and Title:	JACKSONVILLE, FL 32218	Address: Name and Title: Address:	JACKSONVILL	E, FL 32218	-

Name	and Title:	Name and Title:	
Addr	css	Address:	
			
ARTICLE VI	REGISTERED AGENT		
Name:	Florida street address (P.O. Box NOT accept TERENCE THURSON	able) of the registered agent is:	
Address:	8672 PHILIPS HIGHWAY		
	JACKSONVILLE, FL 32256		
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The name and	2ddress of the Incorporator is:		
Name:	SABA M ANDERSON		
Address:	1440 DUNN AVE		
	JACKSONVILLE, FL 32218		
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and o	sunnot be more than five day	AL) s prior or 90 days after the
Note: If the dat	e inserted in this block does not meet the appli effective date on the Department of State's reco	cable statutory filing requirements.	ents, this date will not be listed as
Having been na this certificate, I	med as registered agent to accept service of pr am familiar with and accept the appointment t	ocess for the above stated cor as registered agent and agree t	poration at the place designated in o act in this capacity
las-	Spurse		10/1/17
7-1	Required Signature/Registered Agent		Date
I submit this doc	cument and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am aware that the felony as provided for in s.817.	r false information submitted in a 155, F.S.
Datos 9	the L		10/1/17
Requi	red Signature/Incorporator		Date