

P18000003404

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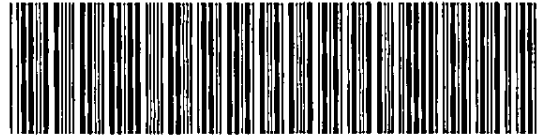
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Explosions Hair Cutz & Designz, 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: Kennedy Grant  
Name (Printed or typed)

98 Duvedo Blvd.  
Address

Duvedo Fla. 32765  
City, State & Zip

407-748-8609  
Daytime Telephone number

KennedyGrant@outlook.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: Explosions Hair Cutz & Designz, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
98 Oviedo Blvd.  
Oviedo Fla. 32765

Mailing address, if different is:  
98 Oviedo Blvd.  
Oviedo Fla. 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HAIR CARE SERVICES; BARBERING  
AND HAIR Styling

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kennedy Grant President  
Address: 98 ~~Oviedo~~ Oviedo Blvd.  
Oviedo Fla. 32765

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

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

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PALM BEACH, FLORIDA

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: KENNEDY GRANT  
 Address: 98 OVIEDO BLVD  
OVIEDO FLA. 32765

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KENNEDY GRANT  
 Address: 98 OVIEDO BLVD.  
OVIEDO FLA. 32765


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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1/8/2018 (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*

  
 Required Signature/Registered Agent

1/8/2018  
 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.*

  
 Required Signature/Incorporator

1/8/2018  
 Date