P18000067177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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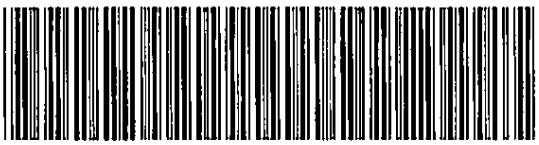

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2018 AUG -3 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. PAGE
AUG - 6 2018

Fax: 850-245-6504
Attn: W18000066298

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2018

TIFFANY CLARK
PO BOX 2538
SANTA ROSA BEACH, FL 32459

SUBJECT: POST INC Professional Objective Salon Training, Inc
Ref. Number: W18000066298

We have received your document for POST INC and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 818A00014897

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18502456804
FROM	TiffanyClark
DATE	2018-08-03 17:41:12 GMT
RE	Attn: W18000066298

COVER MESSAGE

Thank you for your help in this matter.

Tiffany Clark
850-527-8913
Tiffany@POSTedu.org

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2018 AUG -3 AM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 AUG -3 PM 2:26

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: Professional Objective Salon Training, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
219 Enchanted Way
Santa Rosa Beach, FL 32459

Mailing address, if different is:
P.O Box 2538
Santa Rosa Beach, FL
32459

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to offer continuing education courses to the Boards of Cosmetology and Barbers. Provide advanced training for Barbers, Cosmetologists, Aestheticians, Nail Technicians, Eyelash Specialist, make-up artist and all professionals in a Salon atmosphere.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tiffany Clark Director
Address: 219 Enchanted Way, Santa Rosa Beach, FL 32459

Name and Title: Stephanie Gutierrez Director
Address: 6291 Rivers Landing Ct. Tallahassee Fl. 32303

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Tiffany Clark

Address: 219 Enchanted Way
Santa Rosa Beach, FL 32459

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stephanie Gutierrez

Address: 6291 Rivers Landing Ct.
Tallahassee FL. 32303.

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 16th 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

T Clark 7-16-18

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.

Stephanie 7-16-18

Required Signature/Incorporator Date