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(Re	equestor's Name)	· — —		
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(Bu	usiness Entity Nan	ne)		
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2018 AUG 20 AM II: 22
SECRETARY OF STATE
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## **COVER LETTER**

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

SUBJECT: COURT	NEY DOES HAIR INC		
SUBJECT:	(PROPOSED CORPORA	VTE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	f a check for:
	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRE	
FROM:		e (Printed or typed)	
283 ——	5 N COURSE DRIVE #104		
		Address	
PO	MPANO BEACH FL 33069		
	City	. State & Zip	
954	-200-9954		
	Daytime *	Telephone number	
co	URTNEYM.SOMMERS@GMAIL	COM	
	E-mail address: (to be use	ed 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)

ICLE III PURPOSE Durpose for which the corporation is orga RPORATIONS MAY BE INCORPORA  ICLE IV SHARES Dumber of shares of stock is:  ICLE V INITIAL OFFICERS AND/O	anized is:  ATED IN THIS ST	AGE IN ANY LAWFUL AC	address, if different is:
PURPOSE for which the corporation is orga RPORATIONS MAY BE INCORPORA  RECLETY SHARES  number of shares of stock is:  RICLE V INITIAL OFFICERS AND/O	anized is: ATED IN THIS ST	<del></del>	TIVITY FOR WHICH
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number of shares of stock is:			
number of shares of stock is:  ICLE V INITIAL OFFICERS AND/O			
TICLE V INITIAL OFFICERS AND/		<del></del>	
Name and Title: COURTNEY SOM	<u>'OR DIRECTORS</u> MMERS, PRESIDE	ENT	
Name and Title:  2835 N COURSE [		Name and Title: Address:	
POMPANO BEAC	CH FL 33069		
Name and Title:		Name and Title:	2018 Te
			AUG 20 CRE JAR ALLAHA
			ASSEE, F
Name and Title:		Name and Title:	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Address		Address:	

Name ar	nd Title:	Name and Title:	
Addres	s	Address:	
	REGISTERED AGENT Torida street address (P.O. Box NOT acceptate	le) of the registered agent is:	
Name:	COURTNEY SOMMERS		
Address:	2835 N COURSE DRIVE #104		
, , , , , , , , , , , , , , , , , , , ,	POMPANO BEACH FL 33069		<b>2</b>
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		2018 AUG 20 AM 11: 22 SECRETARY OF STATE STALLAHASSEE. FL
The <u>name and a</u>	ddress of the Incorporator is:		20 MI
Name:	COURTNEY SOMMERS		SEF
Address:	2835 N COURSE DRIVE #104		STA STA
	POMPANO BEACH FL 33069		THE IZE
Effective date, if (If an effective of filing.)  Note: If the date	EFFECTIVE DATE:  f other than the date of filing: date is listed, the date must be specific and c e inserted in this block does not meet the applic	annot be more than five days table statutory filing requiremen	prior or 90 days after the
thi Certificate, I	med as registered agent to accept service of pr am familiar with and accept the appointment of Required Signature/Registered Agent	is registered agent and agree to	B. 13,18 Date
	cument and affirm that the facts stated herein Department of State Constitutes a third degree		
Redu	ired Signatury Incorporator	<del></del>	Date