

3/12/2019

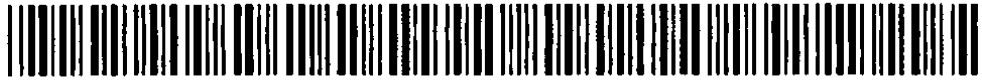
Division of Corporations

P19000083493

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
HAIR BY MARCIA, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME HAIR BY MARCIA, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
3530 CYPRESS EDGE DRIVE
LAKE WORTH, FL 33467

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO OPERATE A HAIR SALON AND ANY OTHER BUSINESS
LEGAL IN THE STATE OF FLORIDA AND UNITED STATES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARCIA DI PIERNO, PRES+TREAS

Address: 3530 CYPRESS EDGE DRIVE
LAKE WORTH FL 33467

Name and Title:

Address:

Name and Title: JASON DI PIERNO, SECRETARY

Address: 3530 CYPRESS EDGE DRIVE
LAKE WORTH, FL 33467

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: MARCIA DI PIERNO
Address: 3530 CYPRESS EDGE DRIVE
LAKE WORTH FL 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARCIA DI PIERNO
Address: 3530 CYPRESS EDGE DRIVE
LAKE WORTH FL 33467


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

3/11/19
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

3/12/19
Date

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