

P20000032180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

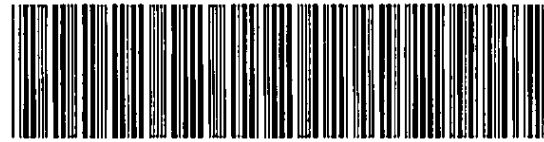
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/27/20--01033--021 \*\*128.75

FILED  
2020 APR 27 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 29 2020  
K Brumbley

## COVER LETTER

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

SUBJECT: Lafera Salon and Extension Bar, Inc.  
\_\_\_\_\_

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status	\$ 8.75
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Brandon A. Stanko

\_\_\_\_\_  
Name (printed or typed)

301 W Bay St Ste 14132

\_\_\_\_\_  
Address

Jacksonville FL 32202

\_\_\_\_\_  
City, State & Zip

904.217.5159

\_\_\_\_\_  
Daytime Telephone Number

nathaniellafera@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

## CERTIFICATE OF DOMESTICATION

The undersigned, Nathaniel Lafera President  
(Name) (Title)

of Salon Lafera, Inc. a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was August 21, 2003
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Georgia
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Salon Lafera, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Lafera Salon and Extension Bar, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Georgia
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President of Lafera Salon and Extension Bar, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 17<sup>th</sup> day of April, 2020

  
(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

FILED  
2020 APR 27 PM 3:43  
TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT

**ARTICLES OF INCORPORATION**  
IN COMPLIANCE WITH CHAPTER 607, F.S.

**ARTICLE I      NAME**

THE NAME OF THE CORPORATION SHALL BE:

Lafera Salon and Extension Bar, Inc.

## ARTICLE II    PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

645 Atlantic Blvd

Atlantic Beach FL 32233

Mailing Address

645 Atlantic Blvd

Atlantic Beach FL 32233

### ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Any lawful purpose.

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 100,000

**ARTICLE V   INITIAL DIRECTORS AND/ OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

Title/Name

P/Nathaniel Lafera

645 Atlantic Blvd.

Atlantic Beach FL 32233

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

*THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:*

Nathaniel Lafera

645 Atlantic Blvd.

Atlantic Beach FL 32233

**ARTICLE VII INCORPORATOR**

*THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:*

Nathaniel Lafera

645 Atlantic Blvd

Atlantic Beach FL 32233

\*\*\*\*\*

**HAVING BEEN NAMED AS REGISTERED AGENT AND 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.**

  
\_\_\_\_\_  
Signature / Registered Agent

4/17/20  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature / Incorporator

4/17/20  
\_\_\_\_\_  
Date