

P2000003495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

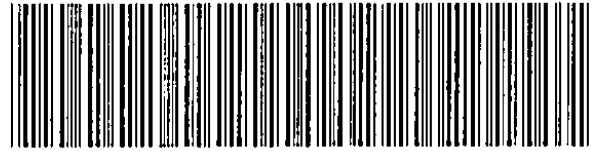
(Business Entity Name)

(Document Number)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LIVE LOVE HAIR SALON CORP

Signature _____

Requested by: Seth

05/12/20

Name

Date

Time

Walk-In

Will Pick Up

- ____ Art of Inc. File _____
- ____ LTD Partnership File _____
- ____ Foreign Corp. File _____
- ____ L.C. File _____
- ____ Fictitious Name File _____
- ____ Trade/Service Mark _____
- ____ Merger File _____
- ____ Art. of Amend. File _____
- ____ RA Resignation _____
- ____ Dissolution / Withdrawal _____
- ____ Annual Report / Reinstatement _____
- ____ Cert. Copy _____
- ____ Photo Copy _____
- ____ Certificate of Good Standing _____
- ____ Certificate of Status _____
- ____ Certificate of Fictitious Name _____
- ____ Corp Record Search _____
- ____ Officer Search _____
- ____ Fictitious Search _____
- ____ Fictitious Owner Search _____
- ____ Vehicle Search _____
- ____ Driving Record _____
- ____ UCC 1 or 3 File _____
- ____ UCC 11 Search _____
- ____ UCC 11 Retrieval _____
- ____ Courier _____

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: LIVE LOVE HAIR SALON CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

6669 W. BOYNTON BEACH BLVD

BOYNTON BEACH, FL 33473

Mailing address, if different is:

7646 Briar Cliff Cir
Lake Worth, FL 3346

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 THE UNITED STATES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AMANDA MURPHY, PRESIDENT

Address: 6669 W. BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33473

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: AMANDA MURPHY

Address: 6669 W. BOYNTON BEACH BLVD

BOYNTON BEACH, FL 33473

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AMANDA MURPHY

Address: 6669 W. BOYNTON BEACH BLVD

BOYNTON BEACH, FL 33473

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

05/11/20

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

05/11/20

Date