

P22 0000000 647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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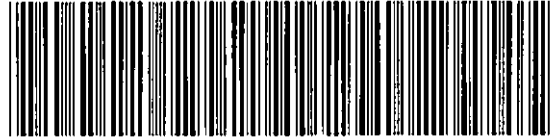
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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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

WILD MAGNOLIA SALON INC

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

174 Parker's Printing • Tallahassee, GA 32301

____ 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 _____
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SECRETARY OF STATE
TALLAHASSEE, FL

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: THE WILD MAGNOLIA SALON INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5981 VIA VERMILYA #202

LAKE WORTH, FL 33462

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO OPERATE A BEAUTY SALON OR ANY ACTIVITY
LEGAL IN FLORIDA AND THE UNITED STATES

ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Name and Title: ALEXANDRA SINBINE PRESIDENT

Address: 5981 VIA VERMILYA #202

LAKE WORTH, FL 33462

Name and Title: CHELSEA TOMSIK SECRETARY/TREASURER

Address: 1508 NORTH J STREET

LAKE WORTH, FL 33460

ARTICLE VI REGISTERED AGENT

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

Name: ALEXANDRA SINBINE

Address: 5981 VIA VERMILYA #202

LAKE WORTH, FL 33462

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALEXANDRA SINBINE

5981 VIA VERMILYA #202

LAKE WORTH, FL 33462

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

* Alexandra Sinbine

Required Signature/Registered Agent Date

1/3/22

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.

* Alexandra Sinbine

Required Signature/Incorporator

1/3/22

Date