

# **Electronic Articles of Incorporation For**

P23000017497  
FILED  
February 28, 2023  
Sec. Of State  
jafason

A HAIR LOSS CLINIC, INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

## **Article I**

The name of the corporation is:

A HAIR LOSS CLINIC, INC

## **Article II**

The principal place of business address:

1161 E. ALTAMONTE DRIVE  
SUITE 1013  
ALTAMONTE SPRINGS, FL. US 32701

The mailing address of the corporation is:

3812 GATLIN WOODS DR.  
ORLANDO, FL. US 32812

## **Article III**

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS. SPECIFICALLY HAIR REPLACEMENT.

## **Article IV**

The number of shares the corporation is authorized to issue is:

100

## **Article V**

The name and Florida street address of the registered agent is:

PATRICIA L WALKER  
3812 GATLIN WOODS DR.  
ORLANDO, FL. 32812

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: CELESTIA DOLIVE-POWELL

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## **Article VI**

The name and address of the incorporator is:

CELESTIA DOLIVE-POWELL  
147 DEBARY DR.

DEBARY, FL 32713

Electronic Signature of Incorporator: CELESTIA DOLIVE-POWSELL

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: PRES  
PATRICIA L WALKER  
3812 GATLIN WOODS DR  
ORLANDO, FL. 32812 US