

P23000060408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

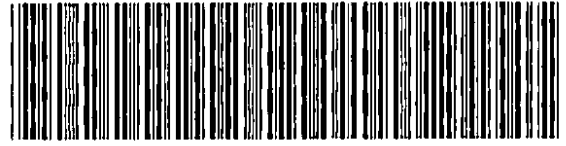
(Business Entity Name)

(Document Number)

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

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01/04/23-0103-406 •••••

2023 APR -14 Fri 3:35  
FILED

COVER LETTER

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

SUBJECT: BERNICE SHIVER HAIR INCORPORATED  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: BERNICE SHIVER  
Name (Printed or typed)

64 CROSS CREEK RD #4  
Address

MIRAMAR BEACH FL 32550  
City, State & Zip

850-543-1714  
Daytime Telephone number

Southernstyle32000@yahoo.com  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

2023 APR -4 11:33:35

**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: BERNICE SHIVER HAIR, INCORPORATED

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

64 CROSS CREEK RD #4

MIRAMAR BEACH, FL 32550

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

COSMETOLOGY SERVICES AND OWNERSHIP OF BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: BERNICE SHIVER, PRESIDENT Name and Title: \_\_\_\_\_

Address 64 CROSS CREEK RD Address: \_\_\_\_\_  
#4  
MIRAMAR BEACH, FL 32550

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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L.A.L.  
3:30

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: BERNICE SHIVER

Address: 64 CROSS CREEK RD #4  
MIRAMAR BEACH FL 32550

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BERNICE SHIVER

Address: 64 CROSS CREEK Rd #4  
MIRAMAR BEACH FL 32550

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: MARCH 29, 2023 (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*

Bernice Shiver  
Required Signature Registered Agent

8-9-23  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Bernice Shiver  
Required Signature/Incorporator

8-9-23  
Date

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