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DIVISION OF CORPORATIONS  
ASSESSOR OF TAXES  
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## COVER LETTER

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

SUBJECT: Triple M M's Hair Care (Inc)  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: Vicky S. Davis  
                    Name (Printed or typed)  
4508 slash Pine Lane  
                    Address  
Tallahassee FL 32305  
                    City, State & Zip  
(850) 443-2327  
                    Daytime Telephone number  
Vickydavis833@gmail.com  
                    E-mail address: (to be used for future annual report notification)

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

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: Triple M&M's Hair Care Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address  
4508 Slash Pine Lane

Mailing address, if different is:

Same

Tallahassee, Fl. 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

ARTICLE IV SHARES

The number of shares of stock is: 6

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Vicky Davis (P)

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

Address

4508 Slash Pine Lane

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

Tallahassee, Fl. 32305

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

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

Address

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

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

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

Address

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

2020

5 25

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: Vicky S. Davis

Address: 4508 Slash Pine Lane

Tallahassee, FL 32305

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Vicky S. Davis

Address: 4508 Slash Pine Lane

Tallahassee, FL 32305

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: Oct. 26, 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*

Vicky S. Davis  
Required Signature/Registered Agent

10/26/2023  
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.*

Vicky S. Davis  
Required Signature/Incorporator

10/26/2023  
Date

2023 OCT 26 PM 5:25