

**TRANSMITTAL LETTER**

**P950000 24830**

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

**SUBJECT:**

**BOCA CIEGA SALON INC.**

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

**\$70.00**  
Filing Fee



**\$78.75**  
Filing Fee  
& Certificate



**\$122.50**  
Filing Fee  
& Certified Copy



**\$131.25**  
Filing Fee,  
Certified Copy  
& Certificate



**From:**

**SEALS N' SIGNATURES**

Name (printed or typed)  
6822 22ND AVE N. SUITE 277

Address  
ST. PETERSBURG, FL. 33710

City, State & Zip

(813) 367-3459

Daytime Telephone number

800001441108  
-03/28/95--01040--014  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

FILED  
95 MAR 27 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.*

## ARTICLE I NAME

The name of the corporation shall be:

BOCA CIEGA SALON INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

### Place of Business

5714 GULFPORT BLVD.  
GULFPORT FL 33707

### Mailing Address

2507 54TH ST. S.  
GULFPORT FL. 33707

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

## ARTICLE IV INITIAL REGISTERED ATGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DREW STERGIS  
2507 54TH ST. S.  
GULFPORT FL  
33707

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95 MAR 27 PM 1:06  
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TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

DREW STERGIS  
2507 54TH ST. S.  
GULFPORT FL. 33707

SHARLAND STERGIS  
2507 54TH ST. S.  
GULFPORT FL 33707

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

● Drew B. Stergis

Signature

● Sharland Stergis

Signature

\_\_\_\_\_

Signature

\_\_\_\_\_

Signature

# **CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN designated THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

1. The name of the corporation is: BOCA CIEGA SALON INC.
2. The name and address of the registered agent and office is:

**DREW STERGIS**

(Name)

**2507 54TH ST. S.**

(P.O. Box not acceptable)

**GULFPORT, FL 33707**

(City/State/Zip)

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*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.*

● Drew B. Stergis  
(Signature)

3/22/95  
(Date)