

**PS000037218**  
**TRANSMITTAL LETTER**

RECEIVED  
FEB 13 1995  
TALLAHASSEE, FLORIDA  
5:19 PM

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

400001466044  
-04/27/95--01019--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Lydia Davids Hair, Inc.  
(Proposed corporate name - must include suffix)

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

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: DAVID D. DELL'ORTANO  
Name (printed or typed)

8440 NW 27th Place  
Address

SUNRISE, FLORIDA 33322  
City, State & Zip

(305) 748-0582  
Daytime Telephone number

5/11/95  
(TB)

06678  
06612  
06671  
(75)

WFS-9184

5/6/95

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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 2, 1995

DAVID D. DELL'ORFANO  
8440 NW 27TH PLACE  
SUNRISE, FL 33322

SUBJECT: LYDIA DAVIDS HAIR, INC.  
Ref. Number: W95000009184

We have received your document for LYDIA DAVIDS HAIR, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6878.

Terri Buckley  
Corporate Specialist

Letter Number: 895A00020906

## 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:

*Lydia Davids Hair, Inc.*

### ARTICLE II PRINCIPAL OFFICE

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

*Lydia Davids Hair Salon  
3517 N. Pine Island Road  
Sunrise, Florida 33351*

### ARTICLE III SHARES

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

*100 SHARES*

### ARTICLE IV ☒ INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*David D. Dell'Orfano  
3517 N. PINE ISLAND ROAD  
Sunrise, Florida 33351*

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

- David D. Dell'Orfano  
8440 NW 27th Place  
Sunrise, Florida 33322
- Hair and Nail Salon
- Board of Cosmetology
- Common Shares

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

18<sup>th</sup> day of APRIL, 19 95

T. D. Dell'Orfano PRESIDENT  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

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

1. The name of the corporation is:

Lydia Davids Hair, Inc.

2. The name and address of the registered agent and office is:

David D. Dell'Orfano, PRESIDENT  
(NAME)

3517 N. Pine Island Road  
(P.O. Box or Mail Drop Box ~~NOT~~ ACCEPTABLE)

SUNRISE, Florida 33351  
(CITY/STATE/ZIP)

*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.*

T. D. I.

(SIGNATURE)

APRIL 18, 1995

(DATE)