

Harold Locke  
(Requestor's Name)  
10069 N. Florida Ave.  
(Address)  
Tampa, FL 33612  
(City, State, Zip) (Phone #)

OFFICE USE ONLY

STATIONER 1111 1111 1111  
+067.232.95--111115--011  
+++245.00 +++132.50

P95000051278

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Expeditions Salon Inc  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

6-30-95  
PDT

Examiner's Initials

## TRANSMITTAL LETTER

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

FILED  
95 JUN 20 PM 3:36  
TALLAHASSEE, FL

SUBJECT: EXPIDITION SALON 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    ☐ \$78.75    ☒ \$122.50    ☐ \$131.25

FROM:

HAROLD LOCKE  
Harold Locke  
Name (printed or typed)

10069 N. Florida Ave

Address

Tampa, FL-33612

City, State & Zip

(813) 933-7138

Daytime Telephone number

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

# ARTICLES OF INCORPORATION OF

EXPIDITIOUS SALON INC

*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:

EXPIDITIOUS SALON INC

## ARTICLE II PRINCIPAL OFFICE

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

10069 N.florida Ave  
Tampa, Fl-33612

## ARTICLE III SHARES

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

One Hundred

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

~~Eleazar Locke~~  
Harold Locke

10069 N.florida Ave  
Tampa, Fl-33612

**ARTICLE V INCORPORATOR(S)**

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

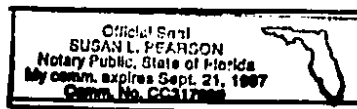
*HAROLD LOCKE*

10069 N. Florida Ave  
Tampa, FL 33612

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

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

*+ Harold Locke*  
\_\_\_\_\_  
Signature



Signature

Signature

*Susan L. Pearson*

**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 DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: EXPIDITIOUS SALON INC

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

Harold Lore  
(Name)

10069 N. Florida Ave  
(P.O. Box not acceptable)

Tampa, FL-33612  
(City/State/Zip)

FILED  
25 JUN 20 PM 3:36  
TALLAHASSEE, FLORIDA

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.

X Harold Lore 01-10-95  
(Signature) PRESIDENT