

P96000019543

TRANSMITTAL LETTER

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

SUBJECT: Color Doctor, Inc
(Proposed corporate name - must include suffix)

900001728119
-02/29/96--01061--002
*****70.00 *****70.00

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:

PATRICIA PRIGAL

Name (printed or typed)

20894 ESCUDO DR.

Address

BOCA RATON, FL 33433

City, State & Zip

(407) 488-1139

Daytime Telephone number

FILED
96 FEB 29 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL MAR - 4 1995

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

FILED

96 FEB 29 PM 1:11

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:

COLOR DOCTOR, INC

ARTICLE II PRINCIPAL OFFICE

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

7000 E. CYPRESSHEAD DR.
PARKLAND, FL 33067

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PATRICIA PRIGAL
20894 ESCUDO DR
BOCA RATON, FL 33433

ARTICLE V INCORPORATOR(S)

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

PATRICIA PRIGAL
20894 ESCUDO DR.
BOCA RATON, FL 33433

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

23rd day of FEBRUARY, 1996.

X Patricia Prigal
Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

FILED
96 FEB 29 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: COLOR DOCTOR, INC

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

PATRICIA PRIGAL
(Name)
20894 ESCUDO DR.
(P.O. Box or Mail Drop Box **NOT** acceptable)
BOCA RATON, FL 33433
(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.

X Patricia Prigal 2/23/96
(Signature) (Date)