

# P97000013380

## TRANSMITTAL LETTER

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

SUBJECT: F. L. C., 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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 FEB 11 PM 12:58

FROM: COLLIER BUSINESS CONSULTANTS, INC.  
Name (printed or typed)

5017 E. TAMIAHI TRAIL  
Address

NAPLES, FL. 34113 500002069905--3  
City, State & Zip

(941) 774-2333  
Daytime Telephone number

503-  
W97-2514

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

9/21/97



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 FEB 11 PM 12:58

January 31, 1997

**COLLIER BUSINESS CONSULTANTS, INC.**  
5017 EAST TAMiami TRAIL  
NAPLES, FL 34113

**SUBJECT: T. L. C., INC.**  
Ref. Number: W97000002514

We have received your document for T. L. C., INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

~~If you have any~~ questions about the availability of a particular name, please call (904) 488-9000.

~~If you have any~~ questions concerning the filing of your document, please call (904) 487-6973.

**Claretha Golden**  
Document Specialist

Letter Number: 497A00005239

# ARTICLES OF INCORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 FEB 11 PM 12:58

*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:

*TOTAL LOOK ~~CONCEPT~~, INC.*

## ARTICLE II PRINCIPAL OFFICE

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

*1114 N. Collier Blvd.  
Marco Island, FL 34145*

## ARTICLE III SHARES

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

*1,000 SHARES OF NO PAR VALUE COMMON STOCK*

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*SHIRLEY A. ENGSTROM  
1515-2 MAINSAIL DRIVE  
NAPLES, FL 34114*

**ARTICLE V INCORPORATOR(S)**

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

<sup>PARKS</sup>  
SHIRLEY A. ENGSTROM  
1515-2 MAINSAIL DRIVE  
NAPLES, FL. 34114

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

21 ST day of JANUARY, 19 97.

X Shirley A. Engstrom Parks Engstrom  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

## 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: Total Look Concept, INC.

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

SHIRLEY A. <sup>PARKS</sup> ENGSTROM  
(Name)  
1515-2 MAINSAIL DRIVE  
(P.O. Box not acceptable)  
NAPLES, FL. 34114  
(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.*

  
(Signature)

1-22-97  
(Date)