

P 970000 27337
TRANSMITTAL LETTER

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

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-03/21/97--01062--009
***122.50 ***122.50

SUBJECT: TOTAL HAIR CARE OF N. FLORIDA INC
(Proposed corporate name - must include suffix)

FILED
97 MAR 21 AM 10:34
TALLAHASSEE, FLORIDA

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 M. AND TILLIE J. KNIGHT
Name (Printed or typed)

13724 HOPE SOUND CT. JACKSONVILLE FL, 32225
Address

JACKSONVILLE FL. 32225
City, State & Zip

904-220-3651
Daytime Telephone number

P. CHESNAR MAR 26 1997

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

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:

TOTAL HAIR CARE OF N. FLORIDA INC.

ARTICLE II PRINCIPAL OFFICE

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

13724 HOPE SOUND CT. JACKSONVILLE FL. 32225

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 AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

TILLIE J. KNIGHT
13724 HOPE SOUND CT. JACKSONVILLE FL. 32225

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**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 TOTAL HAIR CARE OF N. FLORIDA INC.

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

TILLIE J. KNIGHT

(NAME)

13724 HOPE SOUND CT. JACKSONVILLE FL 32225

(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

JACKSONVILLE FL. 32225

(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.


(SIGNATURE)

3/18/97
(DATE)

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