

89700092457

TRANSMITTAL LETTER

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

SUBJECT: UNISEX BEAUTY HOLLYWOOD HAIN
(Proposed corporate name - must include suffix)

000002293590--2
-09/15/97-01147--019
*****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: DORIS ZAPATA
Name (Printed or typed)

13324 NW 5CT PLANTATION
Address

FLORIDA 33325
City, State & Zip

[934] 929-6046
Daytime Telephone number

FILED
97 OCT 27 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

B. REGISTER OCT 28 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 16, 1997

DORIS ZAPATA
13524 NORTH WEST 5TH COURT
PLANTATION, FL 33325

SUBJECT: HOLLYWOOD HAIR
Ref. Number: W97000021384

We have received your document for **HOLLYWOOD HAIR** and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: **CORPORATION, CORP., COMPANY, CO., INC.,** and **INCORPORATED.**

The document is illegible and not acceptable for imaging.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

I NEVER HEARD FROM YOU CONCERNING THE NAME OF THE CORPORATION, SO I AM RETURNING YOUR ARTICLES FOR A NEW NAME. AS I HAVE STATED BEFORE THIS NAME IS NOT AVAILABLE. PLEASE SELECT A NEW NAME OR ADD TO THIS ONE AND RETURN IT TO ME.

Please return the original and one copy of 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 (850) 487-6972.

Doris Brown
Document Specialist

Letter Number: 297A00046112

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

FILED
97 OCT 27 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

UNISEX BEAUTY HOLLYWOOD HAIR, INC.

ARTICLE II PRINCIPAL OFFICE

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

2327 N. STATE ROAD 7
HOLLYWOOD FL. 33021

ARTICLE III SHARES

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

ONE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

DORIS, ZAPATA
13524 N.W. 5 COURT PLANTATION, FL 33325

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

DORIS ZAPATA
2327 NORTH STATE ROAD 7
HOLLYWOOD FLORIDA. 33021

TELEPHONE [954] 983-7788



Signature/Incorporator

10/20/97

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

10/20/97

Date