

P97 000105543

TRANSMITTAL LETTER
FILED

97 DEC 15 AM 11:15

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-12/15/97--01109--001
****131.25 ****131.25

SUBJECT: WRIGHT TOUCH BEAUTY SALON, CORPORATION
(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

ADDITIONAL COPY REQUIRED

FROM: KARLENE WRIGHT
Name (Printed or typed)

11192 NW 1ST PLACE
Address

CORAL SPRINGS, FL. 33071
City, State & Zip

954-346-5033
Daytime Telephone number

P. Hall DEC 16 1997

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

ARTICLES OF INCORPORATION

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

WRIGHT TOUCH BEAUTY SALON, CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

4418 INVERRARY ROAD, LAUDER HILL, FL. 33313

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 Florida street address of the initial registered agent are:

KARLENE WRIGHT, 11192 NW 1ST PL. CORAL SPRINGS, FL. 33071

ARTICLE V INCORPORATOR

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

KARLENE WRIGHT, PRESIDENT + C.E.O. CHAIRMAN OF THE BOARD

RYAN WRIGHT, VICE PRESIDENT

Signature/Incorporator

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

Date