

TRANSMITTAL LETTER

P97000106929

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 19 AM 9:13

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

700002377407--1
-12/19/97--01026--001
*****78.75 *****78.75

SUBJECT: UTOPIA HAIR SALON, 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

ADDITIONAL COPY REQUIRED

FROM: PAUL FRANZESS
Name (Printed or typed)

1506 4th St. N.
Address

ST. PETERSBURG, FL 33704
City, State & Zip

813-896-2378
Daytime Telephone number

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

RP
12-22-97

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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.

ARTICLE I NAME

The name of the corporation shall be:

UTOPIA HAIR SALON, INC.

ARTICLE II PRINCIPAL OFFICE

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

1506 4th St. N.
ST. PETERSBURG, FL. 33704

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 Florida street address of the initial registered agent are:

PATTI FRANZESE 5976 33RD AVEN.
ST. PETERSBURG, FL. 33710

ARTICLE V INCORPORATOR

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

PAUL FRANZESE
5976 33RD AVE. N.
ST. PETERSBURG FL. 33710

Paul Franze

Signature/Incorporator

12-15-97

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

Patti L. Franze

Signature/Registered Agent

12-15-97

Date