

P98000348878

TRANSMITTAL LETTER

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

SUBJECT: Tallahassee Beauty Academy Inc.
(Proposed corporate name - must include suffix)

400002539254--5
-05/28/98--01068--016
****131.25 ****131.25

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: Schlondra C. Johns
Name (Printed or typed)

1023 Crossing brook way
Address

Tallahassee FL 32311
City, State & Zip

(850) 656-5689 or (850) 906-4248
Daytime Telephone number

FILED
98 MAY 28 AM 9:23
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

Schlondra Johns GAVE
AUTHORIZATION BY PHONE TO
CORRECT Art III Shares of stock
DATE 6-2-98

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

CB 6/2/98

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
98 MAY 28 AM 9:23
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Tallahassee Beauty Academy Inc.

ARTICLE II PRINCIPAL OFFICE

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

2011 S Adams

Tallahassee FL 32304

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:

Schlondra C. Johns

1023 Crossing Brook Way

Tallahassee FL, 32311

ARTICLE V INCORPORATOR

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

Schlondra Johns

1023 Crossing Brook Way

Tallahassee FL, 32311

Schlondra C. Johns
Signature/Incorporator

5-26-98
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

Schlondra C. Johns
Signature/Registered Agent

5-26-98
Date