

P13000060650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

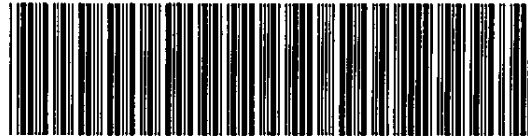
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Toronda Davis  
AUTHORIZATION BY PHONE TO DAVE  
CORRECT Article VII  
DATE 7/22/13  
DOC. EXAM MRS

Office Use Only



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13 JUL 17 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
7/22/13

## COVER LETTER

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

SUBJECT: **P49 Salon Studio Inc**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: **Toronda L Davis**

Name (Printed or typed)

**1450 S. Madison Avenue**

Address

**CLEARWATER, FLORIDA 33756**

City, State & Zip

**( 727 ) 906 - 7103**

Daytime Telephone number

**p49salonstudio@gmail.com**

E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** P49 SALON STUDIO INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

1450 S.MADISON AVE  
CLEARWATER, FLORIDA 33756

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TALLAHASSEE, FLORIDA  
Mailing address, if different from principal office, \_\_\_\_\_

**ARTICLE III PURPOSE** TO PROVIDE SALON SERVICE'S TO  
The purpose for which the corporation is organized is: THE NEIGHBOR'S IN THE AREA: GIVING THEM A PLACE TO COME  
AND GET THEIR HAIR SHAMPOO,CONDITION,BRAIDS,STYLE,ROLLER  
SET,COLORED,RELAX AND TREATMENTS TO HELP RESTORE HEALTH  
HAIR.

**ARTICLE IV SHARES** 1  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>TORONDA DAVIS</u>	Name and Title: _____
Address: <u>OWNER / CEO</u>	Address: _____
<u>1450 S. MADISON AVE</u>	_____
<u>CLEARWATER, FL 33756</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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TALLAHASSEE, FLORIDA

(cont.)

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA**

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: \_\_\_\_\_

TORONDA L DAVIS

Address: \_\_\_\_\_

1450 S.MADISON AVE

CLEARWATER, FL33756

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_

TORONDA L DAVIS

Address: \_\_\_\_\_

1450 S.MADISON AVE

CLEARWATER, FL33756

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

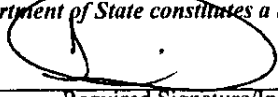


\_\_\_\_\_  
Required Signature/Registered Agent

07/13/2013

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



\_\_\_\_\_  
Required Signature/Incorporator

07/13/2013

\_\_\_\_\_  
Date