

P23000019867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

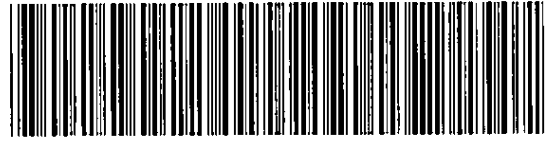
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/16/23--01001--011 **\$20.00

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2023 MAR 16 AM 10:42

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2023 MAR 16 PM 11:44

ALLAHASSEE FLORIDA

STATE OF FLORIDA

COVER LETTER

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

SUBJECT: Haven Beauty Lounge 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: Morgan E. Hartsfield
Name (Printed or typed)

90 Acorn Trail
Address

Crawfordville FL 32327
City, State & Zip

850-694-3669
Daytime Telephone number

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

The name of the corporation shall be:

Haven Beauty Lounge Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1000 Thomasville Road
Tallahassee FL 32303

90 Acorn Trail
Crawfordville FL 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Operate in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Morgan E. Hartsfield, P

Name and Title:

Address

90 Acorn Trail
Crawfordville FL 32327

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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2023 MAR 16 4:11:44
STATE OF FL

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

ARTICLE VI REGISTERED AGENT

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

Name: Bryan Sanders
 Address: 3038 Crawfordville Hwy Ste B
Crawfordville FL 39307

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Morgan E Hartsfield
 Address: 90 Acorn Trail
Crawfordville FL 39307

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 DEPARTMENT OF STATE
 FILED

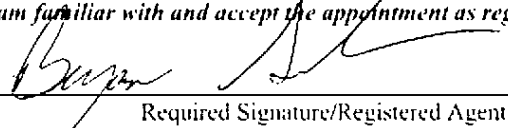
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: March 15, 2023 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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
 _____ 3/16/23 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.



 _____ 3/16/23