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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

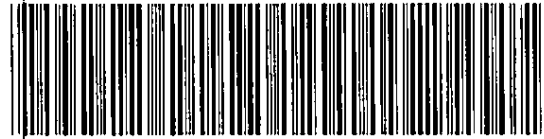
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1-214-5479

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

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1/25

☐ **CERTIFIED COPY**

☒ **PHOTOCOPY**

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☒ **FILING**

Inc.

1. Mario & Co., Inc.
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Marios Hair Salon of Boca, 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: JOEL E. JACOBSON
Name (Printed or typed)
4701 N. FEDERAL HIGHWAY - SUITE E
Address
POMPANO BEACH, FL 33064-6048
City, State & Zip
954-346-3200
Daytime Telephone number
JOELTAXP@AOL.COM
E-mail address: (to be used for future annual report notifications)

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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:

Marios Hair Salon of Boca,
Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

771 E. PALMETTO PARK ROAD
BOCA RATON, FL 33432

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HAIR SALON

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

MARWAN BOUKZAM - P

Name and Title:

Address

771 E. PALMETTO PARK ROAD
BOCA RATON, FL 33432

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: _____

MARWAN BOUKZAM

Address: _____

771 E. PALMEY RD
BOCA RATON, FL 33431**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

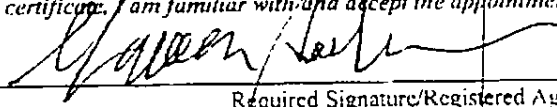
Name: _____

JOEL E. JACOBSON

Address: _____

4201 N. FEDERAL HIGHWAY, SUITE E
POMPANO BEACH, FL 33064-6048FILED
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TALLAHASSEE, FLORIDA

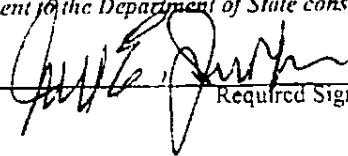
Having been named as registered agent to accept service of process for the above stated corporation at the place design this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

1/25/18
Date

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



Required Signature/Incorporator

1/25/18
Date