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TRANSMITTAL LETTER

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

SUBJECT: DU	NN AVE 1	SARBER SHE		
	(PRŌPOSEĎ CORPOŘAT	E NAME – MUST INCLUD	E SUFFIX)	
Enclosed is an origin	nal and one(1) copy of the artic	cles of incorporation and	a check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Michael D. Herrington Sr. Name (Printed or typed) 3337 Altamont Ave Address				
	Jal , F-1.		· · · · · · · · · · · · · · · · · · ·	

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

904 7685993 Or 765-6708

Daytime Telephone number

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	-
ARTICLE'I NAME	
The name of the corporation shall be: NUNN AVE BARBER SHOP CUrp.	
DONN HAS BUKISTIN IN 1	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
1440 DUNN AVE PLAZA 32218	
ARTICLE III PURPOSE	.,
The purpose for which the corporation is organized is:	
BARBER SHOP	
ARTICLE IV SHARES	
The number of shares of stock is:	
<i>'</i>	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
The name(s), address(es) and title(s):	
Michael D. Hernington Sr. President	PAE OS
President	
	B I L TARY ASSE
ARTICLE VI REGISTERED AGENT	Y OF
The name and Florida street address of the registered agent is:	FLOR
Michael D. Herrington Sr.	AFF 19
3337 Altamod Ave	B -
Jax 7-1 32208	
ARTICLE VII INCORPORATOR	· · · · · · · · · · · · · · · · · · ·
The <u>name and address</u> of the Incorporator is:	
M. chael D. Herrington Sr, 3337 Altemont Ava	
55/1 Fitemont from Jan Fi 35108 ************************************	
Having been named as registered agent to accept service of process for the above stated corporation of certificate, I am familiar with and accept the appointment as registered agent and agree to act in this continues.	
Mich OD How So Sul	1-07
Signature/Registered Agent Date	
in a name of the second	
Muh D. Howniet -	12-03
Signature/Incorporator Date	