

P03000040855

(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



400015307614

04/08/03--010f1--001 **78.75

FILED
03 APR -7 AM 11:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT:

MAGIC TOUCH BARBER SHOP INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 of Status

☒ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM:

MICHAEL JOSEPH
Name (Printed or typed)

10800 NW 35 PL
Address

SUNRISE FL 33357
City, State & Zip

954 709 9556 OR 954 572 9210
Daytime Telephone number

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

FILED

03 APR -7 AM 11:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

MAGIE TOUCH BARBER SHOP INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

MAGIE TOUCH BARBER SHOP INC
8729 NW 50TH STREET APT 1111 FL 33333

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL BUSINESS BARBER SHOP

ARTICLE IV SHARES

The number of shares of stock is:

(ONE) HUNDRED PERCENT

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

JACQUELINE COSBERT 10800 NW 35TH AVE SUITE 33351 DIRECTOR
MICHAEL COSBERT 10800 NW 35TH AVE SUITE 33351 OWNER

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JACQUELINE COSBERT 10800 NW 35TH AVE SUITE 33351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL COSBERT 10800 NW 35TH AVE SUITE 33351

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

Signature/Registered Agent

Date

Signature/Incorporator

Date