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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	ıly



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## TRANSMITTAL LETTER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:			
\$70.00 \$\frac{\frac{1}{2}}{2}\$\$ \$78.75  Filing Fee & Certificate of State	& Certificate of Status ADDITIONAL COPY REQUIRED		
FROM: JEAN 120 BERT TRANSOIS Name (Printed or typed)			
1378 45 th 5t, Address			
OR/AN BO, FL 32839.			
(407) 854-05 77 Daytime Telephone number			

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

# ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter

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

#### ARTICLE I NAME

The name of the corporation shall be:

JEAN'S BARBER SHOP, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1378 45th St DR/AN DO, FL 32839

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR Profit

#### ARTICLE IV SHARES

The number of shares of stock is:

100

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

BERNARD DA/MONT - Secretary
1741 Grande Pointe BIVD # 19108
OR/ANDO, FL 32839

## ARTICLE VI REGISTERED AGENT

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

JAMES FRANÇOIS
5024 MILLENIA BLVD #203
ORLANDO, FL 32839

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JEAN Robert François
1378, 45th St
DR/ANDO, FL 32839

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/Incorporator/Registered Agent

08-13-03 Date