## P03000142764

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP  WAIT  MAIL  (Business Entity Name)  (Document Number)  Certified Copies  Certificates of Status					
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status					
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)				
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status					
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)				
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status					
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)				
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL				
(Document Number)  Certified Copies Certificates of Status	(Duning and Earlie Manne)				
Certified Copies Certificates of Status	(Business Entity Name)				
Certified Copies Certificates of Status					
	(Document Number)				
Special Instructions to Filing Officer:	Certified Copies Certificates of Status				
	Special Instructions to Filing Officer:				

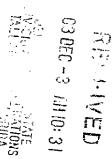
Office Use Only



400025052834

12/03/03 -01027--001 \*\*175.00

03 DEC -3 AH ID: 32



ma inte

## TRANSMITTAL LETTER

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

SUBJECT:	CHIPS BA	ALBEIL SHO	26 ING.	
Enclosed is an origin	(PROPOSED CORPORATE )  nal and one(1) copy of the article		-	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:  Colen M. RATLIFF Ja.  Name (Printed or typed)  P.O Day En 13475  Address  Colon Clay El 32604  City, State & Zip				
352.316-4020  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 621, F.S. (Profit) ARTICLE I NAME CHIPS BARBER SHOP INC. The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1/2 FL. 32604/ P.O. DRAWER 1347= 7302 SE 12th St. Galvesuille FL. 32604/ Galvesuille Rt. 32604 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: ONE (1) ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): CULPN M. RATLIFF Ja. P.O. Depuece 13475 COINOSI. HE FL. 3260H ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Coled M. RATLIFF Ja. 2302 5 E. 12th st. GOINGSV. NE FL. 32604 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Colon M. Rate 18 Ja. PO DRAWER 13475 GAINERUIK RI. 32604 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

15.03.03

Colon Rowlift or.

den m. Rosself gr

Signature/Incorporator