

**P03000/46502**

\_\_\_\_\_  
(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



600025062716

12/02/03--01043--001 \*\*70.00

FILED  
03 DEC -2 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: IRONWORKS BARBER CLUB 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: ANTHONY W. GARLAND  
Name (Printed or typed)

2539 SUMMITTUNE RD E  
Address

JACKSONVILLE, FL 32216  
City, State & Zip

904 509-2410  
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**

The name of the corporation shall be:

*IRONWORKS BARBELL CLUB, INC.*

FILED  
03 DEC -2 PM 2: 11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*2539 SUMMITTREE RD E  
JACKSONVILLE, FL 32246*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *TO TRANSECT ANY OR ALL LAWFULL BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES OF AMERICA AND OF THE STATE OF FLORIDA.*

**ARTICLE IV SHARES**

The number of shares of stock is: *SEVEN THOUSAND (7,000) SHARES OF COMMON STOCK HAVING A PAR VALUE OF ONE DOLLAR (\$1.00) PER SHARE.*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

*ANTHONY W. GARLAND (D) (P)  
2539 SUMMITTREE RD E  
JACKSONVILLE, FL 32246*

**ARTICLE VI REGISTERED AGENT**

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

*ANTHONY W. GARLAND  
2539 SUMMITTREE RD E  
JACKSONVILLE, FL 32246*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*ANTHONY W. GARLAND  
2539 SUMMITTREE RD E  
JACKSONVILLE, FL 32246*

\*\*\*\*\*  
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]*  
\_\_\_\_\_  
Signature/Registered Agent

*11-24-03*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*11-24-03*  
\_\_\_\_\_  
Date