

P03000 146530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

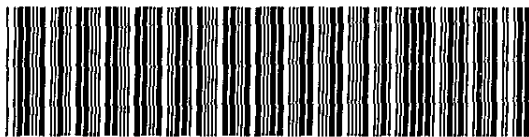
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 DEC -2 PM 2:34

F. GHESSER DEC 8

TRANSMITTAL LETTER

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

SUBJECT: Family Headquarters Barber Shop 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: Gary Conard

Name (Printed or typed)

435 Kinglet Ave

Address

Hernando, Florida 34442

City, State & Zip

352-628-2040

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:

Family Headquarters Barber Shop Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5370 S Suncoast Blvd. Homosassa, Florida 34446

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Engage in Activity or Business Permitted under Law of United States And State Of Florida

ARTICLE IV SHARES

The number of shares of stock is:

100 Par Value Common Stock \$1.00 Per Share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Gary Conard 435 Kinglet Ave. hernando, Florida 34442 President

Tom Carey 3020 E Vernon Ct. Floral City, Florida 34436 Director

ARTICLE VI REGISTERED AGENT

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

Gary Conard 435 Kinglet Ave. Hernando, Florida 34442

ARTICLE VII INCORPORATOR

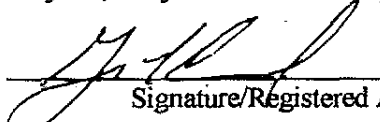
The name and address of the Incorporator is:

Gary Conard 435 Kinglet Ave. Hernando, Florida 34442

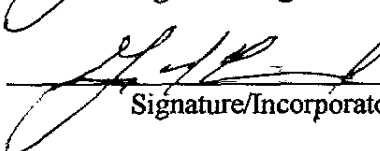
ARTICLE VIII EFFECTIVE DATE

JANUARY 1ST 2004

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

1 DEC 03
Date


Signature/Incorporator

1 DEC 03
Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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