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PICK-UP WAIT MAIL

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800037413548

06/09/04--01020--023 **78.75

DIVISION OF CORPORATIONS

RECEIVED
04 JUN -9 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN -9 PM 1:26

FILED

06/11/04

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. SORBRINO BARBER SHOP, CORP.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in
 Pick up time 2.00
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION | |
|----------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

Examiner's Initials

ARTICLES OF INCORPORATION

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

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
SOBRINO BARBER SHOP, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:
4752 WEST FLAGLER STREET, MIAMI, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
BARBER SHOP

ARTICLE IV SHARES

The number of shares of stock is:
100/\$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
YOSVANY OLIVA 15910 SW 105 AVENUE, MIAMI, FL 33157 PRESIDENT

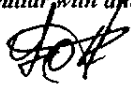
ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
YOSVANY OLIVA 15910 SW 105 AVENUE, MIAMI, FL 33157

ARTICLE VII INCORPORATOR

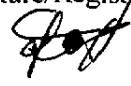
The name and address of the Incorporator is:
YOSVANY OLIVA 15910 SW 105 AVENUE, MIAMI, FL 33157

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

06-07-04
Date



Signature/Incorporator

06-07-04
Date