

P04000092685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

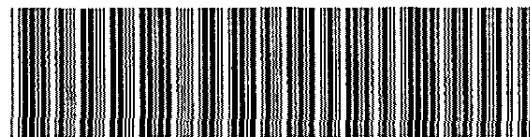
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6-14-04

TRANSMITTAL LETTER

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

SUBJECT: Barber on Wheels, 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: Jermiel M. Caskill
Name (Printed or typed)

20000 NW 33 Avenue
Address

Miami, Florida 33056
City, State & Zip

305-624-2610 / 786-285-9860
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: Barber On Wheels, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 20000 NW 33 Avenue
Miami, Florida 33056

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To serve the South Florida
Community with the best
Products and services.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): President: Jermiel McCaskill
Vice President: Darrell McCaskill
20000 NW 33 Avenue
Miami, Florida 33056

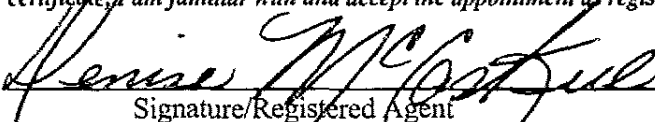
ARTICLE VI REGISTERED AGENT

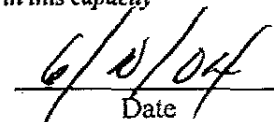
The name and Florida street address of the registered agent is: Denise McCaskill
20000 NW 33 Avenue
Miami, Florida 33056

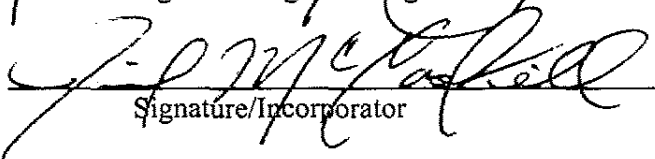
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Jermiel McCaskill
20000 NW 33 Avenue
Miami, Florida 33056

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


Date


Signature/Incorporator


Date