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# TRANSMITTAL LETTER

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

SURIECT, NORTI	HWAY BARBERSHOP INC.		
	(PROPOSED CORPORA	TE NAME - MUST INCL	
\$70.00 Filing Fce	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: DI	ANA MATTHEWS		
1 ROM		(Printed or typed)	<del></del>
	5134 64TH STREET NORTH		
	4	Address	
	SAINT PETERSBURG FL. 33709 City,	State & Zip	
	HOME # ( 727 ) 544 - 4524 WOF Daytime T	RK # ( 727 ) 522 - 8630 elephone 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)

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### ARTICLE I NAME

The name of the corporation shall be:

NORTHWAY BARBERSHOP INC.

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## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5134 64TH STREET NORTH SAINT PETERSBURG FL. 33709

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BARBERING

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DIANA MATTHEWS 5134 64TH STREET NORTH SAINT PETERSBURG FL. 33709 OWNER / PROPRIETOR

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

DIANA MATTHEWS 5134 64TH STREET NORTH SAINT PETERSBURG FL. 33709

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

DIANA MATTHEWS 5134 64HT STREET NORTH SAINT PETERSBURG FL. 33709

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 Agenti

ignature/incorporator

Date /

Date