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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

YMD 3/1/05

## TRANSMITTAL LETTER

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

SUBJECT: WILNICK SUPER LOOK BARBER 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: WILNICK ST. CLERMONT  
Name (Printed or typed)

2780 NE 183 STREET #1603  
Address

ADVENTURA, FL 33160  
City, State & Zip

(305) 756-2674 OR (305) 897-7622  
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:

WILNICK SUPER LOOK BARBER INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

302 NE 79 Street  
MIAMI, FL 33138

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

HAIR CUTTING and STYLING  
SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is:

1

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

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

Wilnick Stclermont  
2780 NE 183 St #1603  
AVENTURA, FL 33160 (OWNER)

**ARTICLE VI REGISTERED AGENT**

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

Wilnick Stclermont  
2780 NE 183 St #1603  
AVENTURA, FL 33160

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

WILNICK STCLERMONT  
2780 NE 183 ST #1603 AVENTURA, FL 33160

\*\*\*\*\*  
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

Wilnick Stclermont  
Signature/Registered Agent

2-28-05  
Date

Wilnick Stclermont  
Signature/Incorporator

2-28-05  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA