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TRANSMITTAL LETTER

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

SUBJECT: PETE'S	BARBER SHOP INC.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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
DE		ADDITIONAL CO	PY REQUIRED
FROM: PE	TE'S BARBER SHOP INC. Name	e (Printed or typed)	
	6652 NW 57TH STREET	Address	
-	FAMARAC, FL 33321 City	r, State & Zip	·

239-872-7464

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

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:

PETE'S BARBER SHOP INC.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 6652 NW 57 STREET TAMARAC, FL 33321

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MIKE BRIGANDI, PRESIDENT 400 SW 133 TERR DAVIE, FL 33325

ARTICLE VI REGISTERED AGENT

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

MIKE BRIGANDI 400 SW 133 TERR DAVIE, FL 33325

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MIKE BRIGANDI 400 SW 133 TERR DAVIE, FL 33325

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

Slandure/Incorporator

Slandure/Incorporator

Slandure/Incorporator