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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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TRANSMITTAL LETTER

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

SUBJECT: <u> </u>	US BALLOSIAS CLĒĀ PROPOSED GORPORĀ	turns clac-		
_	(PROPOSED CORPOR.	ATE NAME – <u>MUST INCL</u>	<u>ude suffix</u>)	
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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	

FROM: Mahie Rittherford Name (Printed or typed)
280 John Knox Rol- Cot. 226
Tallahassee Florida 32303
591-5018 or 222-7744 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) NAME The name of the corporation shall be: OCUS Barbering CreationIclac. PRINCIPAL OFFICE The principal place of business/mailing address is: 280 Yuknlınıx Ed. 32303 allahassee Horida The purpose for which the corporation is organized is: The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List_name(s), address(es) and specific title(s): The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 280 Yohn knox Rd 32803 /2/lehassee Florida The name and address of the Incorporator is: 80 John know Ad Tallahaske Florich 32303 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