P0600108587

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



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06/30/06--01017--013 **87.50

06 AUG 21 AH 9: 07 BECRETARY OF STATE ALLAHASSEE ELOBIA

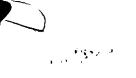
Zo

COVER LETTER

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

SUBJECT: C	nalvez Bay	ber sho	ρ	
	(PROPOSED CORPORA)	FE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l 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 DPY REQUIRED	
FROM:	Carlos G Name 8845 5 V	Calvez (Printed or typed) V 41 Te	YV	
	Miami F	1 33K05	<u> </u>	
305-301-1792				

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





FLORIDA DEPARTMENT OF STATE Division of Corporations

July 3, 2006

CARLOS GALVEZ 8845 SW 41 TERR MIAMI, FL 33165

SUBJECT: GALVEZ BARBER SHOP

Ref. Number: W06000029754

We have received your document for GALVEZ BARBER SHOP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call 850-245-6062.

Paisley A Alford New Filing Section Division of Corporations

Letter Number: 106A00043300

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)			
ARTICLE I NAME			
The name of the corporation shall be:			
Galvez Barber Shup Inc			
ARTICLE II PRINCIPAL OFFICE	FILED 06 AUG 21 AM 9: 07 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
The principal place of business/mailing address is:	ART AUG		
8430 SN 40 Street	SE 2 7		
MICHNI F1 33165	FILED 21 AM ARY OF S SSEE, FL		
ARTICLE III PURPOSE The purpose for which the correction is arounized in	D D		
The purpose for which the corporation is organized is:	RIDIA I		
· · · · · · · · · · · · · · · · · · ·			
ARTICLE IV SHARES			
The manhouse for the second of			
One Hundred (100)	,		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS			
List name(s), address(es) and specific title(s):	in in the		
List name(s), address(es) and specific title(s): Carror Galvez Faleson Grant Tologon Tologon Galvez Faleson Grant Tologon Galvez Faleson Grant Tologon Galvez Faleson Grant Tologon Galvez Faleson Galve	(Prebiden)		
1110001 1 2010	WC 1		
ARTICLE VI REGISTERED AGENT			
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:			
Carlos Galvez 8845 SN 417611			
Michill Fl 3	ANTS		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:			
Carros Galvez 7845 SW 41 Ten			
Marin El	in it was		

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I any familiar with and accept the appointment as registered agent and agree to act in this capacity			
(1 allocal	calacitasa		
Signature/Registered Agent	Date		
() Alna	6/28/00		
Signature/Incorporator	Date		