

PO7000058820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAY 16 PM 12:36

APPROVED
AND
FILED

D. McKnight MAY 17 2007

COVER LETTER

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

SUBJECT: Classic Cut of Wildwood, 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: Beryl N. Stokes, III

Name (Printed or typed)

1035 W. Dixie Avenue

Address

Leesburg, Florida 34748

City, State & Zip

352-728-0980

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:

Classic Cut of Wildwood, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4582 County Road
Wildwood, FL 34785

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jesse B. D'Onofrio
4582 County Road 508
Wildwood, FL 34785
Officer

ARTICLE VI REGISTERED AGENT

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

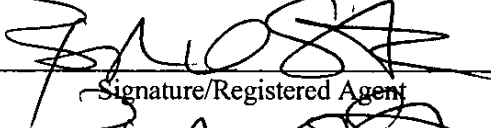
Beryl N. Stokes, III
1035 W. Dixie Avenue
Leesburg, FL 34748

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Beryl N. Stokes, III
1035 W. Dixie Avenue
Leesburg, FL 34748

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



Signature/Incorporator

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Date

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Date