

P07000060129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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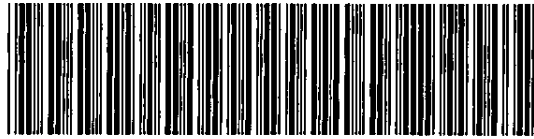
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/21/07--01027--023 **70.00

FILED
2007 MAY 21 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 21 2007

COVER LETTER

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

SUBJECT: BOONES BARBER SHOPS 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: MONTGOMERY'S AFFORDABLE ACCOUNTING & TAX LLC

Name (Printed or typed)

8003 US HWY 301 N

Address

PARRISH FL 34219

City, State & Zip

941-776-5557

Daytime Telephone number

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TALLAHASSEE, FLORIDA

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:

BOONES BARBER SHOPS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8003 US HWY 301 N
PARRISH FL 34219

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPERATE BARBER SHOP

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

TEXEE LU COLE PRESIDENT
8003 US HWY 301 N
PARRISH FL 34219

RICHARD A COLE VICE PRESIDENT
8003 US HWY 301 N
PARRISH FL 34219

ARTICLE VI REGISTERED AGENT

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

RICHARD A COLE
8003 US HWY 301 N
PARRISH FL 34219

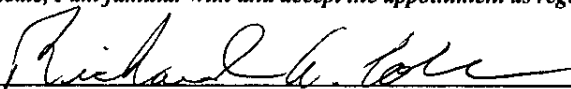
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

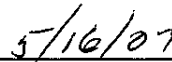
ROBERT E MONTGOMERY CPA
8003 US HWY 301 N
PARRISH FL 34219

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TALLAHASSEE, FLORIDA

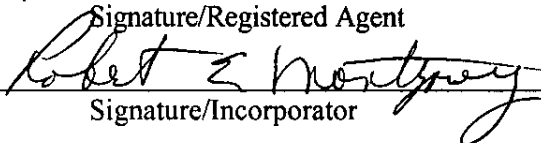
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Incorporator



Date