Florida Department of State Division of Corporations

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

The state of the s

(((H08000155614 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6381

Account Name : CSH SERVICES, LLC Account Number : 120070000160

Phone : (800)494-3124 Fax Number : (561)455-9885

FLORIDA PROFIT/NON PROFIT CORPORATION

HAVANA HAIR CUTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu



4.08000155614.3

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:

HAVANA HAIR CUTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4865 GOLDEN GATE PARKWAY NAPLES, FLORIDA 34116

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

PRESIDENT

DANIS FRANCO

4865 GOLDEN GATE PARKWAY

NAPLES, FLORIDA 34116

VICE-PRESIDENT

LISSET FRANÇO

4865 GOLDEN GATE PARKWAY

NAPLES, FLORIDA 34116

SECRETARISE OF STATE

H.08000 1556H3

PAGE 2

HAVANA HAIR CUTS, INC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

A1A REGISTERED AGENT, INC. 5647 110TH AVENUE NORTH ROYAL PALM BEACH, FLORIDA 33411

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

LISSET FRANCO 4865 GOLDEN GATE PARKWAY NAPLES, FLORIDA 34116

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.

ALA REGISTERED AGENT, INC. / Registered Agent Date

LISSET FRANCO /Incorporator

<u>00 - 10 - 200</u> P Date

SECRETARY OF STATE