

POS000004012

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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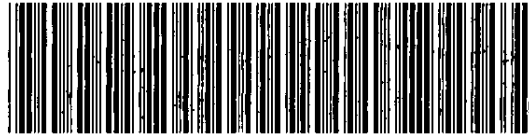
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*pa*

## COVER LETTER

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

SUBJECT: MY BARBER SHOP & SALON, 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: MY BARBER SHOP & SALON, INC.  
Name (Printed or typed)

8570 SW 132 PLACE  
Address

MIAMI, FL 33183  
City, State & Zip

(305) 772 5912  
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:

MY BARBER SHOP & SALON, INC.

### **ARTICLE II      PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

8901 SW 157TH AVENUE - PRINCIPAL  
SUITE 20  
MIAMI, FL 33196

8570 SW 132 PLACE - MAILING  
MIAMI, FL 33183

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

BEAUTY SALON SERVICES

### **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):

MARIO O. COUTO - PRESIDENT  
8570 SW 132 PLACE  
MIAMI, FL 33183

ANGELA PEREIRA - VICE PRESIDENT  
8301 SW 142 AVENUE #A104  
MIAMI, FL 33183

### **ARTICLE VI      REGISTERED AGENT**

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

NELYDA MEDEROS  
4244 SW 163 PATH  
MIAMI, FL 33185

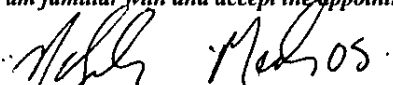
### **ARTICLE VII      INCORPORATOR**

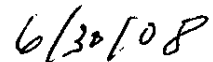
The name and address of the Incorporator is:


MARIO O. COUTO  
8570 SW 132 PLACE  
MIAMI, FL 33183

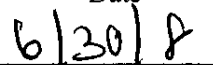
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA