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(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Duringer Fait Mann)
(Business Entity Name)
(Document Number)
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EP 10/3/08

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

-3

The name of the corporation shall be:

Barber + Salon Inc

ARTICLE II PRINCIPAL OFFICE

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

6668 Thomasville Road, Unit 15 Tallahassee, Florida, 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide hair care services such as cutting, coloring, styling, removing and perming

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):

Vincent Lanh, President 3515 Cherokee Ridge Trail Tallahassee, Florida, 32312

Chanthan Lanh, Vice President 3515 Cherokee Ridge Trail, Tallahassee, Florida, 32312

ARTICLE VI REGISTERED AGENT

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

Vincent Lanh 3515 Cherokee Ridge Trail Tallahassee, Florida, 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

VINCENT LANH 3515 cherol-ee Ridge Trail Tallahansel = 6:32312

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

Signature/Registered Agent

Signature/Incorporator

10/3/08 Date /18

TARY OF STATE

4

COVER LETTER

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

SUBJECT: Barber	r Salon Inc		
SUBJECT: Bailou	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee		☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: <u>Vir</u>	ncent Lanh Name	(Printed or typed)	
	3515 Cherokee Ridge Trail	Address	
	Tallahassee, Florida, 32312 City	, State & Zip	
	(850) 322-7540	Felephone number	

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