

P1000087016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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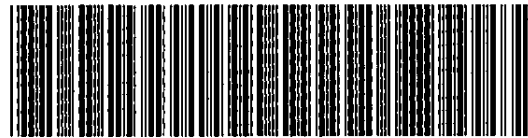
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/22/10--01020--001 **78.75

FILED
OCT 22 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 10/25/10

COVER LETTER

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

SUBJECT: Mike's Hair Cuttery & Spa, 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: Michael Edward Castillo

Name (Printed or typed)

13370 NW 2nd Terrace

Address

Miami, FL 33182

City, State & Zip

786-380-1903

Daytime Telephone number

mcastillo71@gmail.com

E-mail address: (to be used for future annual report notification)

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

Mike's Hair Cuttery & Spa, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
13370 NW 2nd Terrace
Miami, FL 33182

Mailing address, if different is:

13370 NW 2nd Terrace
Miami, FL 33182

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful business under the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 100

50% Michael Edward Castillo 50% Anna Margarita Castillo

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Edward Castillo, President
Address: 13370 NW 2nd Terrace
Miami, FL 33182

Name and Title: _____
Address: _____

Name and Title: Anna Margarita Castillo, Vice-President
Address: 13370 NW 2nd Terrace
Miami, FL 33182

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Michael Edward Castillo
Address: 13370 NW 2nd Terrace
Miami, FL 33182

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

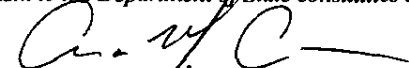
Name: Anna Margarita Castillo
Address: 13370 NW 2nd Terrace
Miami, FL 33182

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


Required Signature/Registered Agent

10/19/2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

10/19/2010
Date

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