

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## FLORIDA PROFIT/NON PROFIT CORPORATION D'CARLOS BARBER SHOP, INC

Certificate of Status	0
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2011 JAN -4 PM 2: 07

The name of the co	D'CARLOS BARBER propration shall be:	₹ SHOP, INC
ARTICLE II	PRINCIPAL OFFICE	
	Principal street address	Mailing address, if different is:
	1749 SW Ardmore Street	1749 SW Ardmore Street
Ē	Port St. Lucie FL 34953	Port St. Lucie, FL 34953
ARTICLE III	PURPOSE	
	which the corporation is organized is:	
ANY AND AL	LL LAWFULL BUSÎNESSES	
ARTICLE IV The number of sha		· One Dollar par value
	INITIAL OFFICERS AND/OR DIREC	
Name and T	ide: LEIDY MOTA - President	Name and Title: CARLOS MARTINEZ-Vice-Pres
Address:	1/49.SW.Ardmora Street	Address: <u>1749 SW Ardmore Street</u>
	Port St. Lucie, FL 34953	Port St. Lucie FL 34953
Name and T		Name and Title:
Addresa:		Address:
Name and T		Name and Title:
Address:		Address:
ARTICLE VI	REGISTERED AGENT	
The name and Flo Name:	prida street address (P.O. Box NOT acceptab	e) of the registered agent is:
Name: Address:	1749 SW Ardmore Street	
7 <b>10</b> (1) (44)	Port St Lucie, FL 34953	<del></del>
	INCORPORATOR	
Name:	diress of the Incorporator is:	
Name: Address:	CARLOS MARTINEZ 1749 SW Ardmore Street	<del></del>
radio.	Port St. Lucie, FL 34953	<del></del>
Having been ham	ed as registered agent to accept service of pr	ocess for the above stated corporation at the place designated
this certificant, I as	m familiar with and adoept the appointment a	registered agent and agree to act by this capacity
	עורוווע אוער אוער	01/01/11
	Required Signature/Registered Agent	Date
I submit this docu	ment and affirm that the facts stated herein	are true. I am aware that the false information submitted in
document to the D	eparament of State constitutes a third degree)	alony as provided for th s.817.155, F.S.
<b>.</b>	40 rature	04/04/44
	Required Signature/Incorporator	