

P1100003036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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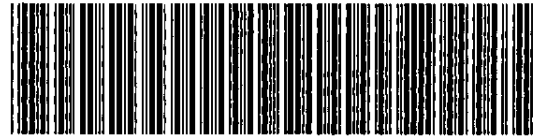
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~011-1536~~
PS 1/11/11

COVER LETTER

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

SUBJECT: SALON CAMAGÜEY Unisex Corp
(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: Jose' TOVAR
Name (Printed or typed)

650 Beacom Blvd
Address

MIA FL 33135
City, State & Zip

786-419-2290
Daytime Telephone number

manueltovarolivera@hotmail.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

The name of the corporation shall be: SALON CAMAGUEY Unisex Corp

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ARTICLE II PRINCIPAL OFFICE

Principal street address
2254 NW 28 ST
MIAMI FL 33142-5986

Mailing address, if different is:

650 Beacom Blvd

MIAMI FL 33135

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BARBER Shop

Fein!

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE TOVAR Pres
Address: 650 Beacom Blvd

MIAMI FL 33135

Name and Title: Rita Escobar VP
Address: 650 Beacom Blvd

MIAMI FL 33135

Name and Title: _____
Address: _____

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: JOSE TOVAR
Address: 650 Beacom Blvd
MIAMI FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE TOVAR
Address: 650 Beacom Blvd
MIAMI FL 33135

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

Date

1-3-2011

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

Date

1-3-2011