

P110000037619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

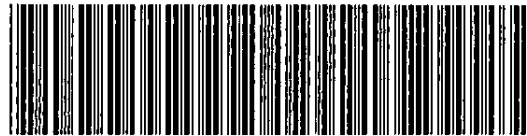
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 APR 18 PM 3:25

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## COVER LETTER

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

**SUBJECT: DR. SMITH'S BARBERSHOP, 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: ERMY PHILUS  
Name (Printed or typed)

1308 ROSE BLVD # A  
Address

ORLANDO, FL 32839  
City, State & Zip

(407) 244-6265  
Daytime Telephone number

SMITH'S BARBERSHOP@YAHOO.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: **DR. SMITH'S BARBERSHOP, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**1308 ROSE BLVD # A**  
**ORLANDO, FL 32839**

Mailing address, if different is:  
**1308 ROSE BLVD # A**  
**ORLANDO, FL 32839**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**FOR PROFIT**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **ERMY L PHILUS, PRESIDENT**  
Address: **5434 TIMBER CHASE CT**  
**ORLANDO, FL 32811**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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:

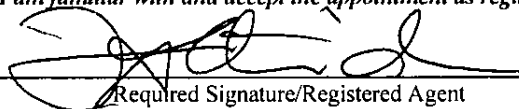
Name: **YVES ALTIDOR**  
Address: **1510 W MICHIGAN ST**  
**ORLANDO, FL 32805**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **ERMY PHILUS**  
Address: **5434 TIMBER CHASE CT**  
**ORLANDO, FL 32811**

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

**04/14/2011**  
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

**04/14/2011**  
Date

11 APR 18 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED