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Erom:

Account Name : LAZARUS CORPORATE FILING SERVICER INC

Account Number : I20000000019

Phone : (305)552-5973 Fax Number : (305)220-1440

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## FLORIDA PROFIT/NON PROFIT CORPORATION PLAYERS BABERSHOP CORP

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H11000121845

May 2 2011

Please be advised that the owners of the company <u>PLAYERS BARBERSHOP</u> COYP.

with the document number <u>PORODOISBY7</u> are the same as those who are opening this new company with the same name. Thank you.

Sincerely,

Ivan Riano

3052201440

LAZARUS

PAGE 03/03

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

ARTICLE II	PRINCIPAL OFFICE		
110 110 120 12	Principal street address	Mailing	address, if different is:
	5755 W FLAGLER STREET SUITE 109	5755 W EL ACI	ER STREET SUITE 109
	MIAMLEL 33144	MIAMLEL 3314	14
RTICLE III	PURPOSE		
he purpose for BARBER S	which the corporation is organized is: HOP		
<i>IRTICLE IV</i> he number of sl	SHARES  nares of stock is:100SHARES @ 1.00 PER VA	ALUE	
RTICLE V	INITIAL OFFICERS AND/OR DIRECTORS		
Name and	Title: MARIA M SOLER (PRESIDENT)	Name and Title:	
Address:	5755 W FLAGLER STREET SUITE 109	4 4 4	
	MIAMLEL 33144		
Nome and	Ti+la.	kr terra	
Address:	Title:	Name and Title:	
Addicas.			
Name and	Title:	Name and Title:	
Address:		Address:	30.00
			25.55
			in da
DONOUS EN TOTAL			A = = T1
	REGISTERED AGENT		
Name:	lorida street address (P.O. Box NOT acceptable) of the	e registered agent is:	記念と
Address:	IVAN RIANO		
Addi 633,	5755 W FLAGLER STREET SUITE 109 MIAMI EL 33144		
	WIIAWII EL 33 144		\$ \tag{\text{\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text
RTICLE VII	INCORPORATOR		
c name and se	Idress of the Incorporator is:		7
	IVAN RIANO		
Address:	5755 W FLAGLER STREET SUITE 109		
	MIAMI FL 33144		
ving been nar	ned as registered agent to accept service of process fo	r the above stated corpo	ration at the place designated i
s cerujicate, s	un forfillar with and accept the appointment as registe	red agent and agree to a	ct in this capacity
60	/// _		
X	10		04/25/2011
Eur K	Required Signature/Registered Agent		Date
E 10.001			
uomii this doc	urfient and affirm that the facts stated herein are tra	ie. I am aware that the	false information submitted in
ument to the	Department of State constitutes a third degree felony as	provided for in s.817.15	5, F.S.
. \	4 h U		
x //	·//		04/25/2011

Required Signature/Incorporator