

P11000108175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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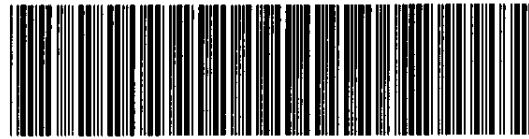
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 27 2011

## COVER LETTER

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

SUBJECT: Neighborhood Unlimited, 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: Lester Jones, Sr.  
Name (Printed or typed)

735 Sistrunk Blvd.  
Address

Ft. Lauderdale, FL 33311  
City, State & Zip

(954) 601-7809  
Daytime Telephone number

Neighborhoodinreysalon@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: Neighborhood Unlimited, Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
735 Sistrunk Blvd.  
Ft. Lauderdale, FL 33311

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Service, Barber Service

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Lester Jones, Sr. (President)  
Address: 735 Sistrunk Blvd.  
Ft. Lauderdale, FL 33311

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

Name and Title: Lester Jones, Jr. VP  
Address: 733 NW Sistrunk Blvd.  
Ft. Lauderdale, FL 33311

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

Name and Title: Christopher Turner Sec.  
Address: 733 NW Sistrunk Blvd.  
Ft. Lauderdale, FL 33311

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: Lester Jones, Sr.  
Address: 735 Sistrunk Blvd.  
Ft. Lauderdale, FL 33311

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Leah Rush  
Address: 3871 NW 7th Place  
Ft. Lauderdale, FL 33311

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

Lester J. Jones Sr.  
Required Signature/Registered Agent

12/29/11  
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.

Leah Rush  
Required Signature/Incorporator

12/20/11  
Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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