Note: Please	e print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.	
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From:	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)220-1440	
**Enter t annu	the email address for this business entity to be used for future and the second for future and t	
Emai	il Address:	
	FLORIDA PROFIT/NON PROFIT CORPORATION HI-TECH CUT BARBER SHOP, INC. Certificate of Status 0 Certified Copy 1 Page Count 03 Estimated Charge \$78.75	
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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

> ARTICLE I NAME The name of the corporation shall be:

HI-TECH CUT BARBER SHOP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

1665 S.W. 107 AVENUE MIAMI, FLORIDA 33165-7344

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at Any one time:

ONE THOUSAND (1,000)

ARTICLE IV INITIAL REGISTER AGENT AND STREET ADDRESS

> SANDRO GONZALEZ 1665 S.W. 107TH AVENUE MIAMI, FLORIDA 33165-7344

ARTICLE V INCORPORATOR

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H 1 3 0 0 0 0 4 1 7 6 0 The name and street address of the incorporator to this Articles of incorporation is: SANDRO GONZALEZ 1665 S.W. 107TH AVENUE MIAMI, FLORIDA 33165-7344

The undersigned incorporator has executed these Articles of incorporation

21 FEBRUARY, 2013

ARTICLE VI DIRECTOR(S) The name(s) and street address (s) to these Articles of Incorporation is (are):

Signature

FEB 22 С Т £ ខ្ម

SANDRO GONZALEZ (PRES.) 1665 S.W. 107TH AVENUE MIAMI, FLORIDA 33165-7344

CERTIFICATION OF DESIGNATION OF REGISTER AGENT/ REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept appointment as Register Agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Register Agent.

er Agent Signature

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