

P 14 000025022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

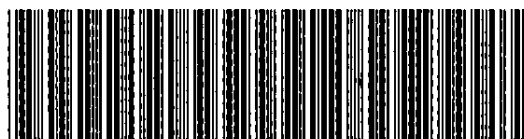
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400257787434

03/19/14--01014--014 **79.75

FILED
14 MAR 19 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-20-14
IMS

COVER LETTER

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

FILED
14 MAR 19 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT:

E & J's Barber Shop 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: Diana + Joel V. Ortiz
Name (Printed or typed)

8025 W 36 Ave #3
Address

Hialeah, FL 33018
City, State & Zip

305-527-2279
Daytime Telephone number

Jdortiz@live.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: E & J's Barber Shop Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8025 W 36 Ave #3
Hialeah, FL 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A barbershop and
any and all lawfull business in the
united States

FILED
14 MAR 19 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joel Ortiz President Name and Title: Diana Ortiz President

Address: 8025 W 36 Ave #3 Address: 8025 W 36 Ave #3
Hialeah, FL Hialeah, FL
33018 33018

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Joel V. Ortiz

Address: 8025 W 30 AVE #3

Hialeah, FL 33018

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Diana Ortiz

Address: 8025 W 30 AVE #3

Hialeah, FL 33018

FILED
14 MAR 19 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3/17/14
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

3/17/14
Date