

P14000059814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

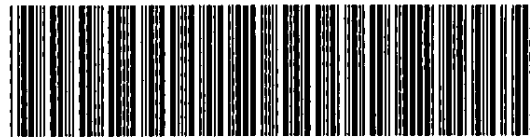
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/14/14--01052--011 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 14 PM 1:30

APPROVED
AND
FILED

111

COVER LETTER

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

SUBJECT: SEVEN DAYS BARBER SHOP, 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: William Jazon
Name (Printed or typed)
14619 SW 112th Avenue
Address
Miami, Florida 33186
City, State & Zip
(305)804-7315
Daytime Telephone number
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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

Seven Days Barber Shop, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

14619 SW 112th Avenue
Miami, Florida 33186

SECRETARY OF STATE
MAILING ADDRESS, IF DIFFERENT IS:
TALLAHASSEE, FLORIDA

14619 SW 112th Avenue
Miami, Florida 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Tonsorial and other grooming services

to the paying public, and any other lawful business permitted in the County of Miami-Dade,

in the State of Florida.

ARTICLE IV SHARES

Five hundred (500) shares @ US\$1.00 per share

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William Jazon, President

Name and Title: _____

Address: 14619 SW 112th Avenue

Address: _____

Miami, Florida 33186

Name and Title: Elizabeth Jazon, Vice-President

Name and Title: _____

Address: 14619 SW 112th Avenue

Address: _____

Miami, Florida 33186

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

APPROVED
AND
FILED (cont.)

14 JUL 14 PM 1:30

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE, FLORIDA</u>
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Elizabeth Jazon
Address: 14619 SW 112th Avenue
Miami, Florida, 33186

ARTICLE VII INCORPORATOR

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

Name: William Jazon
Address: 14619 SW 112th Avenue
Miami, Florisa 33186

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

[Signature]

Required Signature/Registered Agent

06/25/14

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.

[Signature]

Required Signature/Incorporator

06/25/14

Date