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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

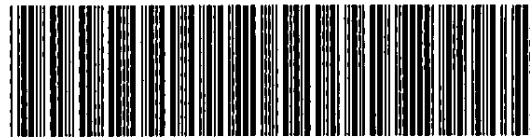
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**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. 4 JUL 14 PM 1:30

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

14619 SW 112th Avenue  
Miami, Florida 33186

SECRETARY OF STATE  
MAILING ADDRESS, IF DIFFERENT IS:  
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