

PH000090447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

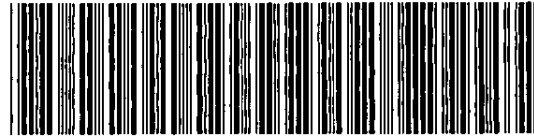
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
14 NOV -6 PM 1:32
DIVISION OF CORPORATION

APPROVED
AND
FILED
14 NOV -6 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: STADIUM BARBERSHOP 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: RILEY SIMS

Name (Printed or typed)

1511 JACKSON BLUFF RD

Address

TALLAHASSEE, FL 32304

City, State & Zip

847-400-4047

Daytime Telephone number

SADALAQ@GMAIL.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: STADIUM BARBERSHOP INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1511 JACKSON BLUFF ROAD
TALLAHASSEE, FL 32304

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful
business.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RILEY SIMS, PR

Address: 2728 JUNCTURE DR
WOODVILLE, FL 32305

Name and Title: SABRIN DALAQ, VP

Address: 2350 PHILLIPS ROAD APT 5201
TALLAHASSEE, FL 32308

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 NOV - 6 PM 1:38

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AND
FILED

(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: RILEY SIMS
Address: 2728 JUNCTURE DRIVE
WOODVILLE, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RILEY SIMS
Address: 2728 JUNCTURE DRIVE
WOODVILLE, FL 32305

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AND
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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

Riley Sims
Required Signature/Registered Agent

11/6/14
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.

Riley Sims
Required Signature/Incorporator

11/6/14
Date