Note: Please 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.

(((H15000099952 3)))



H150000999523ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CLARA GIRALDO, P.A.

Account Number : 119990000017 Phone : (305)485-9300

Fax Number : (305)485-1098

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION BARBER KING, INC.

Certificate of Status	0		
Certified Copy	1		
Page Count	05		
Estimated Charge	\$78.75		

Help

H150000999523

ARTICLES OF INCORPORATION

OF

BARBER KING, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

BARBER KING, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) Transact any and all lawful business.

name:

(2) Said corporation shall further have powers: To have perpetual succession by its corporate

BARBER KING, INC.

H150000 999523

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

WALTER A. GOMEZ 1866 BRICKELL AVE SUITE # A 405 MIAMI, FL. 33129

The principal office shall be:

1865 BRICKELL AVE SUITE # A 405 MIAMI, FL. 33129

The mailing address shall be:

P.O. BOX 454253 MIAMI, FL. 33245 H150000999523

ARTICLE V

The initial Board of Directors shall consist of a total of **TWO(02)**persons, and the name and address of the person who is to serve as initial directors are:

WALTER A. GOMEZ 1865 BRICKELL AVE SUITE # A 405 MIAMI, FL. 33129 PRESIDENT

ESTELA V. YONG 1865 BRICKELL AVE SUITE # A 405 MIAMI, FL. 33129 VICEPRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

WALTER A. GOMEZ 1865 BRICKELL AVE SUITE # A 405 MIAMI, FL. 33129

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 22 day of APRIL, 2015.

WALTER A GOMEZ

H150000 999523

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

BARBER KING, INC.

2. The Name and Address of the registered agent and office is:

WALTER A. GOMEZ 1865 BRICKELL AVE SUITE # A 405 MIAMI, FL. 33129

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Dated: AP/RIL 22, 2015.