P15000042849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

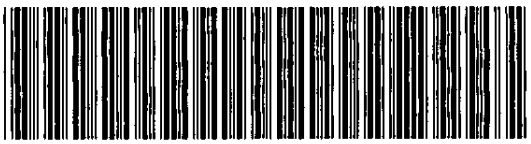
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700272684687

05/08/15--01017--004 **70.00

FILED
15 MAY -8 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5-13-15 CL

COVER LETTER

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

SUBJECT: DuB's BarberShop II 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: Clarence Walkee
Name (Printed or typed)

14276 NW 17th Court
Address

OPA-LOCKA, FL 33054
City, State & Zip

786 322 9892
Daytime Telephone number

dub02-2003@yahoo.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: Dub's Barber Shop II INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8305 NW 22nd AVE
MIAMI, FL 33147

Mailing address, if different is:
14276 NW 17th Court
OPA LOCKA, FL 33054

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Barbering business

ARTICLE IV SHARES
The number of shares of stock is: —

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clarence Walker — Name and Title: CEO
Address: 14276 NW 17ct, OPA LOCKA, FL 33054 — Address:

Name and Title: — Name and Title:
Address: — Address:

Name and Title: — Name and Title:
Address: — Address:

15 MAY -8 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(cont.)

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: Clarence Walker

Address: 14276 NW 17Crt
OPA LOCKA, FL 33054

ARTICLE VII INCORPORATOR

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

Name: Clarence Walker

Address: 14276 NW 17Crt
OPA-LOCKA, FL 33054

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.

_____ 4/28/15
Required Signature/Registered Agent 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.

_____ 4/28/15
Required Signature/Incorporator Date