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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan FEB 04 2016

COVER LETTER

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

SUBJECT: MIKE HAIR STYLIST, 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: JUAN MIGUEL ROSALES
Name (Printed or typed)

1715 S RED ROAD
Address

MIAMI, FL 33155
City, State & Zip

786-286-2835
Daytime Telephone number

tiovaldo75@yahoo.es
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)

FILED

ARTICLE I NAME

The name of the corporation shall be: MIKE HAIR STYLIST, INC.

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TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

1715 S RED ROAD

MIAMI, FL 33155

Mailing address, if different:

1715 S RED ROAD

MIAMI, FL 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to be engaged in the business of hairstylist, and any or all other lawful business purposes for which corporations may be formed.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN MIGUEL ROSALES

Address: PRESIDENT/VICE-PRESIDENT
1715 S RED ROAD
MIAMI, FL 33155

Name and Title:

Address:

Name and Title: JUAN MIGUEL ROSALES

Address: SECRETARY/TREASURER
1715 S RED ROAD
MIAMI, FL 33155

Name and Title:

Address:

Name and Title:

Address:

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: JUAN MIGUEL ROSALES

Address: 1715 S RED ROAD

MIAMI, FL 33155

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: JUAN MIGUEL ROSALES

Address: 1715 S RED ROAD

MIAMI, FL 33155

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

_____ 01/20/2016

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.

_____ 01/20/2016

Required Signature/Incorporator Date