

P16000011461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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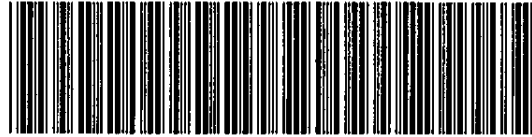
(Business Entity Name)

(Document Number)

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

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16 JAN 26 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Gungan. FEB 4 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)

**ARTICLE I NAME**

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

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1715 S RED ROAD

MIAMI, FL 33155

MAILING ADDRESS, IF DIFFERENT  
SECRETARY OF STATE  
181 LAHASSEE FLORIDA

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

Name and Title: \_\_\_\_\_

Address PRESIDENT/VICE-PRESIDENT

Address: \_\_\_\_\_

1715 S RED ROAD

MIAMI, FL 33155

Name and Title: JUAN MIGUEL ROSALES

Name and Title: \_\_\_\_\_

Address SECRETARY/TREASURER

Address: \_\_\_\_\_

1715 S RED ROAD

MIAMI, FL 33155

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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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**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*

\_\_\_\_\_  
Required Signature/Registered Agent

01/20/2016

\_\_\_\_\_  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

01/20/2016

\_\_\_\_\_  
Date