

P16000030692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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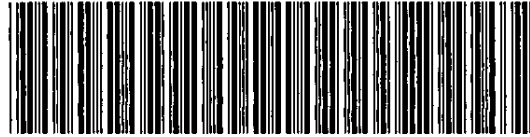
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 4/7

COVER LETTER

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

SUBJECT: The Bent Barber ~~Company~~ Company
(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: Jane M. Gallini - The Bent Barber ~~Company~~ Company
Name (Printed or typed)

2660 Cypressdale Blvd.
Address

Melbourne, FL 32934
City, State & Zip

(321) 452-1714
Daytime Telephone number

bentpolebarbershop@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:

The Bent Barber

Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

*

Mailing address, if different is:

2660 Clydesdale Blvd.
Melbourne, FL 32934

P.O. Box 410219
Melbourne, FL 32941

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct business

as a barber shop.

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ARTICLE IV SHARES

The number of shares of stock is:

100.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Pres.

Name and Title:

June M. Callini

Name and Title:

Daniel R. Callini V.P.

Address

2660 Clydesdale Blvd.
Melbourne, FL
32934

Address:

2660 Clydesdale Blvd.
Melbourne, FL
32934

Name and Title:

Name and Title:

Address

Address:

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: _____

Jane M. Gallini

Address: _____

2660 Clydesdale Blvd,
Melbourne, FL 32934

ARTICLE VII INCORPORATOR

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

Name: _____

Jennifer Gallini

Address: _____

482 N. Wickham Rd Apt 147
Melbourne, FL 32935

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/01/2016 (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

Jane M. Gallini
Required Signature/Registered Agent

3/28/2016
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.

Jennifer Gallini
Required Signature/Incorporator

3/28/2016
Date