

Printed: 18:07420 18:07420 2017 Page 1 of 3
P16000053330

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H16000152396 3)))



H160001523963ABC0

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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

****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
V's Barbers Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED

16 JUN 22 PM 4:41

TALLAHASSEE, FLORIDA

16 JUN 22 AM 11:48

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

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: V's Barbers Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

27602 STONECREEK WAY

27602 STONECREEK WAY

WESLEY CHAPEL, FL 33544

WESLEY CHAPEL, FL 33544

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: barbershop

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VITALY BABABEKOV - President

Name and Title: _____

Address 27602 STONECREEK WAY

Address: _____

WESLEY CHAPEL, FL 33544

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 22 AM 11:49

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: VITALY BABABEKOV
Address: 27602 STONECREEK WAY
WESLEY CHAPEL, FL 33544

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VITALY BABABEKOV
Address: 27602 STONECREEK WAY
WESLEY CHAPEL, FL 33544

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

Vitaly Bababekov
Required Signature/Registered Agent

June 21, 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.

Vitaly Bababekov
Required Signature/Incorporator

June 21, 2016

Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 22 AM 11:49