

P160000057434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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(JUL 13 2016

T. SCOTT



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DIVISION OF REVENUE

## COVER LETTER

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

SUBJECT: DAGO'S BARBERING SERVICES, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: DAGO ARGENIS CASILLA  
Name (Printed or typed)  
15247 SW 14TH STREET  
Address  
MIAMI, FL. 33194  
City, State & Zip  
786-738-4566  
Daytime Telephone number  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



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: DAGO ARGENIS CASILLA  
Address: 15247 SW 14TH STREET  
MIAMI, FL. 33194

**ARTICLE VII INCORPORATOR**

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

Name: DAGO ARGENIS CASILLA  
Address: 15247 SW 14TH STREET  
MIAMI, FL. 33194

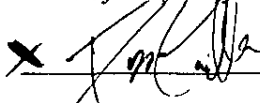
**ARTICLE VIII EFFECTIVE DATE:**

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*

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

06/23/2016

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

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

06/23/2016

\_\_\_\_\_  
Date