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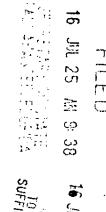
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	1
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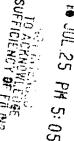
Office Use Only



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## **CORPORATE** ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

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P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

	PICK UP:	7-25-16	
	CERTIFIED COPY	-	
	РНОТОСОРУ		
	cus		
凶	FILING	Tac.	
• -	modern bents Premier (CORPORATE NAME AND DOCUMENT #)	e Barbershop And B	for co.
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PECIAL NSTRU(	CTIONS:		

#### **COVER LETTER**

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

SUBJECT: MC	DERN GENTS PREMIER BARBERS				
	(PROPOSED CORPOR	RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the a	articles of incorporation and	l a check for:		
\$70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	RUBEN TOLEDO Nar	me (Printed or typed)		•	
	14759 2ND AVE. CIR. NE				
		Address			
	BRADENTON, FL 34212		ر الرحية	16	
	Cit	y, State & Zip			Ť
	941-343-7809			25	m
	•	Telephone number	12.5		Ö
	RBTSIR@AOL.COM	sed for future annual report r		်း ကြော	

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

### FILED

#### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

16 JUL 25 MM 9 38

ARTICLE I NAME The name of the corporate	tion shall be: MODERN GENTS	PREMIER BARBERSHOP	AND BAR CO.	SECRETARY OF
ARTICLE II PRINC			Mailing address, if	different is:
14759 2ND AVE. CR. 1	NE	<del></del>		
BRADENTON, FL 342	12			
ARTICLE III PURPO The purpose for which the	<u>OSE</u> he corporation is organized is: _	MEN'S BARBERSHOP/SAL	ON.	
	•			
ARTICLE IV SHARE The number of shares of shares	stock is:			
Name and Title		- PRES Name and Title		
Address	13119 BELKNAP PLACE	Address:	14759 2ND AVE.	
	LAKEWOOD RANCH, FL 34		BRADENTON, F	L 34212
Name and Title:		Name and Title		
Address		Address:		
				,
Name and Title:		Name and Title		
Address		Address:		
		<del></del>		

Name	and Title:	Name and Title:	
Addre	ess	Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT accept	able) of the registered agent is:	
Name:	RUBEN TOLEDO		
Address:	14759 2ND AVE. CIR. NE		
	BRADENTON, FL 34212		7
<u>ARTICLE VII</u>	INCORPORATOR	The state of the	
The <u>nam<b>e and</b></u>	address of the Incorporator is:		
Name:	RUBEN TOLEDO		
Address:	14759 2ND AVE. CIR. NE		
	BRADENTON, FL 34212		
Effective date,		(OPTIONAL) cannot be more than five business days prior or 90	business
Note: If the da		icable statutory filing requirements, this date will not b cords.	e listed as
		process for the above stated corporation at the place de as registered agent and agree to act in this capacity	signated is
W	BH	7/22/16	
	Required Signature/Registered Age	nt Date	
submit this de locument to th	ocument and affirm that the facts stated here Department of State constitutes a third degre	in are true. I am aware that the false information sub e felony as provided for in s.817.155, F.S.	mitted in a
1	BUL	7/22/16	
Req	uired Signature/Incorporator	Date	

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