

PL6000071462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600288471546

08/01/16--01011--006 **87.50

RECEIVED
FEBRUARY 16 2017

16 AUG 18 PM 5:34

FILED

COVER LETTER

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

SUBJECT: Platinum Barber Shop & Beauty Salon Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Rolande Allen
Name (Printed or typed)

5507 Guava Cir.
Address

Tamora FL 33319
City, State & Zip

606 295-5994
Daytime Telephone number

rolandemarie2001@yahoo.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2016

ROLANDE ALLEN
5507 GUANA CIR
TAMARAC, FL 33319

SUBJECT: PLATINUM BARBERSHOP & BEAUTY SALON INC.
Ref. Number: W16000055246

RECEIVED
16 AUG 18 PM 12:22
TALLAHASSEE, FLORIDA

We have received your document for PLATINUM BARBERSHOP & BEAUTY SALON INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The incorrect form was submitted to our office.

✓ We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 516A00016836

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: Platinum Barbershop & Beauty Salon Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
7322 Southgate Blvd
North Lauderdale FL 33068

Mailing address, if different is:
5507 Guava Cir
Tamarae FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Barbershop

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rolande M Allen (CEO)

Address: 5507 Guava Cir
Tamarae FL 33319

Name and Title: Seth R Allen (Coo)

Address: 5507 Guava Cir
Tamarae FL 33319

Name and Title: Seth R Allen (CFO)

Address: 5507 Guava Cir
Tamarae FL 33319

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
15 AUG 18 PM 5:34
CLERK OF DISTRICT COURT
JANUARY 15, 2019

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: Seth R Allen

Address: 5507 Guava Cir

Tammarac FL 33319

ARTICLE VII INCORPORATOR

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

Name: Rolande M. Allen

Address: 5507 Guava Cir.

Tammarac FL 33319

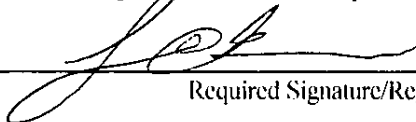
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 14, 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.

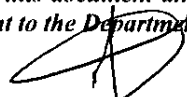
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

07/14/2016
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

07/14/2016
Date