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.

(((H16000240043 3)))



MI ETIOTOATOMASSA PACI

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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

\*\*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 CLEAN CUTZ BARBER SHOP HIALEAH INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

6 SEP 27 PH 4: 1

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 2 8 2015

r SCOTT

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

clean cutz Barber shop hinleah	INC
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
1410 w 68 st Hiabah F 33014	
ARTICLE III SHARES: The number of shares of stock is:	·
	<b>5</b>
Elizaboth Marcado (P)	SS D
ETTEMBOTH / BICHADO (1)	- 21
	3
·	_ <b>%. 1.6</b>
	_
	_
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and Florida street address (PO Box not acceptable) of the registered agen  ELIZABETH MERCODO	ı <b>t 1s</b> :
1410 W (08 ST Higleah FI 33014	Ī
THO WE OF THISHORT I'VE SOOT	1
	-
ARTICLE VI INCORPORATOR: The name and address of the Incorporator	r is:
Elizabeth Mercado	
1410 w 68 ST Hialeah FL 3	PICE

H16000240043

## Required Signatures:

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

Registered Agent

2/-/8

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.

Date