

06/06/2017 15:15

06/06/2017 03

LAZARUS

01/03

PI 7000049562

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.

((H17000150751 3)))



H170001507513ABC.

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 : I20000000019
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
HECTOR'S BARBERSHOP INC.

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

RECEIVED

17 JUN -6 PM 3:52

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

2nd Request

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE
JUN 07 2017

H17000150751

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Hector's Barber Shop INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

9453 SW 56 ST
MIAMI FL 33165**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Hector Gonzalez (P)

_____**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

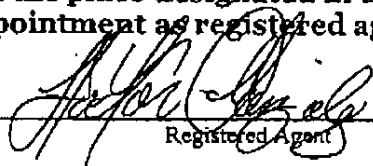
Hector Gonzalez
9453 SW 56 ST
MIAMI FL 33165**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Hector Gonzalez
9453 SW 56 ST
MIAMI FL 33165

H17000150751

H17000150751

Required Signatures:

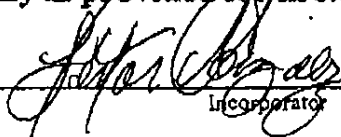
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent

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.



Incorporator

Date

17 JUN -6 AM 7:24

H17000150751