

P18000031371

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.

((H18000108490 3)))



H180001084903ABC+

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 APR -5 AM 9:39

FILED

****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
GENTLEMAN'S CAVE BARBER SHOP INC**

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

RECEIVED

2018 APR -5 PM 4:57

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

N CULLIGAN

APR 6 2018

H18000108490
ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Gentleman's Cave Barber Shop, inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

611 Hialeah Dr
Hialeah FL 33010FILED
18 APR -5 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDAARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Odalis Suarez - (P)
Jose Ignacio de la Oliva - V.P.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Odalis Suarez
611 Hialeah Dr
Hialeah FL 33010

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

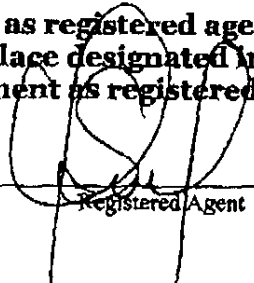
Odalis Suarez
611 Hialeah Dr
Hialeah FL 33010

H18000108490

H18000108490

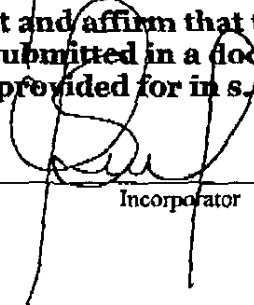
Required Signatures:

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

FILED
10 APR -5 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H18000108490