

11/05/2018 4:54 305228440 LAZARUS CORPORATE PAG 01761  
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Florida Department of State  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
MANNY'S BARBERSHOP INC.**

|                       |         |
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## ARTICLES OF INCORPORATION

The undersigned incorporator for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

The name of the Corporation is:

**MANNY'S BARBERSHOP INC.**

### ARTICLE II

The purpose for which the Corporation is organized is to engage in any activities or business permitted under the laws of the United States and Florida.

### ARTICLE III

The aggregate number of shares that the Corporation shall have the authority to issue is SEVEN THOUSAND (7,000) shares of Capital Stock, all of one class, with a par value of One Dollar (\$1.00).

### ARTICLE IV

The period of duration of the Corporation is perpetual.

### ARTICLE V

The amount of capital with which the Corporation shall begin business is not less than SIX HUNDRED DOLLARS (\$600.00).

### ARTICLE VI

The address of the initial principal office of the Corporation is

19509 N.W. 67<sup>th</sup> Avenue  
Miami, FL 33055

The number of directors constituting the initial Board of Directors of the Corporation are:

CHAYANNE SAUCE  
4802 S.W. 159TH Avenue  
Miramar, FL 33027

18 NOV - 5 AM 941  
DIVISION OF CORPORATE AFFAIRS

The name and address of the initial subscriber and Registered Agent of the Corporation is:

**CHAYANNE SALCE**

**4802 S.W. 159<sup>th</sup> Avenue  
Miramar, FL 33027**

**ARTICLE IX**

The following persons shall be the officers of this Corporation for the first year of its existence or until their successors are elected and have qualified:

**CHAYANNE SALCE**

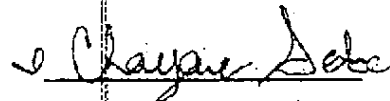
**President and Director**

**ARTICLE X**

Shareholders shall not be entitled to preemptive rights.

**IN WITNESS WHEREOF,** I the undersigned have made subscribed and acknowledged this Article of Incorporation this 2<sup>nd</sup> day of November, 2018

I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as Registered Agent.



**CHAYANNE SALCE, Subscriber  
and Registered Agent**


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STATE OF FLORIDA  
COUNTY OF MIAMI DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State  
aforesaid and County aforesaid to take acknowledgments, personally appeared CHAYANNE  
SALCE, Subscriber and Registered Agent, to me known to be the person described in or  
who (have) (has) produced a Florida Drivers License as identification and who executed the  
foregoing document and he acknowledged before me that he executed the same.

WITNESS MY HAND and official seal in the County and State aforesaid this 2<sup>nd</sup> day of  
November, 2018

My commission expires:



Notary Public, State of Florida