

JAN/23/2019/WED 10:27 PM

FAX No.

P. 001

1/23/2019

P19000026935

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
P.P BARBER SHOP, INC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: P.P. BARBER SHOP, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
1655 SW 107TH AVENUE

Mailing address, if different is:

MIAMI, FL 33165**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TO TRANSACT ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 200 SHARES PAR VALUE @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JOSE RODRIGUEZ (P/D)

Name and Title: _____

Address

2835 SW 106TH AVENUE

Address: _____

MIAMI, FL 33165

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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: JOSE RODRIGUEZ
Address: 2835 SW 106TH AVENUE
MIAMI, FL 33165

ARTICLE VII INCORPORATOR

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

Name: JOSE RODRIGUEZ
Address: 2835 SW 106TH AVENUE
MIAMI, FL 33165

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

01/21/2018

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.817.133, F.S.

Required Signature/Incorporator

01/21/2018

Date