

P20000062862

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
MONTEREY BARBERSHOP INC**

Certificate of Status	0
Certified Copy	1
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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: MONTEREY BARBERSHOP INC**ARTICLE II PRINCIPAL OFFICE**Principal street address19020 NW 54TH AVE
MIAMI GARDENS, FL 33055

Mailing address, if different is:

19020 NW 54TH AVE
MIAMI GARDENS, FL 33055**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: RENE DIAZ

Name and Title: _____

Address

PRESIDENT

Address: _____

19020 NW 54TH AVEMIAMI GARDENS, FL 33055

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: RENE DIAZ
Address: 19020 NW 54TH AVE
MIAMI GARDENS, FL 33055

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

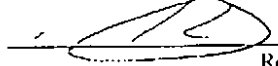
Name: RENE DIAZ
Address: 19020 NW 54TH AVE
MIAMI GARDENS, FL 33055

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 08/17/2020 (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

08/17/2020

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.



Required Signature/Incorporator

08/17/2020

Date

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