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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION
Account Number : I20190000086
Phone : (305)275-1300
Fax Number : (305)275-1301

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: adrianocliedesroch@gmail.com

RECEIVED

2022 MAR 29 PM 4:11

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
Adrian's Barbershop, Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

HL

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Adrian's Barbershop, Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address is: 8900 SW 142 Ave, Apt#315, Miami, FL 33186

Mailing address, if different is:

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: Adrian O Rock Pena , President

Address: 8900 SW 142 Ave, Apt#315, Miami, FL 33186

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

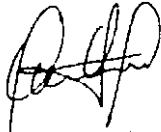
Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing:

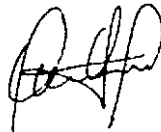
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

03/29/2022

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 provided for in s.817.155, F.S.



Required Signature/ Incorporator

03/29/2022

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SECURITIES DIVISION
TALLAHASSEE, FLORIDA

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