

8/5/22, 10:22 AM

Division of Corporations

Florida Department of State

Division of Corporations

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## To:

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

**Email Address:** BARBER1315@GMAIL.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**UpTop Barbershop Inc**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 03      |
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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: UpTop Barbershop Inc

**ARTICLE II PRINCIPAL OFFICE**

|                                 |                                   |
|---------------------------------|-----------------------------------|
| Principal <u>street</u> address | Mailing address, if different is: |
| <u>7 S Walton Avenue</u>        | <u></u>                           |
| <u>Tarpon Springs, FL 34689</u> | <u></u>                           |
| <u></u>                         | <u></u>                           |

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any Legal or Lawful Purpose

**ARTICLE IV SHARES**

The number of shares of stock is: 1,500 at No Par Value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

|                 |   |                 |  |
|-----------------|---|-----------------|--|
| Name and Title: | <u>Angel J Sanchez - President/Director</u> | Name and Title: | <u>Christopher Shackelford - Vice President/Director</u> |
| Address         | <u>7400 Newburns Place</u>                  | Address:        | <u>214 East Boyer Street</u>                             |
|                 | <u>New Port Richey, FL 34655</u>            |                 | <u>Tarpon Springs, FL 34689</u>                          |
|                 | <u></u>                                     |                 | <u></u>  |
| Name and Title: | <u></u>                                     | Name and Title: | <u></u>  |
| Address         | <u></u>                                     | Address:        | <u></u>  |
|                 | <u></u>                                     |                 | <u></u>  |
|                 | <u></u>                                     |                 | <u></u>  |
| Name and Title: | <u></u>                                     | Name and Title: | <u></u>  |
| Address         | <u></u>                                     | Address:        | <u></u>  |
|                 | <u></u>                                     |                 | <u></u>  |
|                 | <u></u>                                     |                 | <u></u>  |

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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: Angel J Sanchez  
Address: 7 S Walton Avenue  
Tarpon Springs, FL 34689

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Angel J Sanchez  
Address: 7400 Newburns Place  
New Port Richey, FL 34655


**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 Angel J Sanchez

August 4, 2022

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 Angel J Sanchez

August 4, 2022

Date

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