

# P23000003512

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : DAQA ACCOUNTING INC.  
Account Number : 120210000190  
Phone : (786)431-1561  
Fax Number : (786)364-0121

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

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## FLORIDA PROFIT/NON PROFIT CORPORATION YOE'S BARBER SHOP CORP

Certificate of Status	1
Certified Copy	0
Page Count	03
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January 17, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

DAQA ACCOUNTING INC.

SUBJECT: YOE'S BARBER SHOP CORP  
REF: W23000004682

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is L22000523859.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana  
Regulatory Specialist II

FAX Aud. #: E23000017057  
Letter Number: 723A00001128

01/17/2023

To: Dil Sultana  
Regulatory Specialist II

From: Carlos Jauregui  
680 South Dr  
Miami Spring, FL 33166

Subject: Yoe's Barber Shop Corp and The Yoe's Barbershop LLC

I am Writing to confirm that the owner of the company Yoe's Barber Shop Corp and The Yoe's Barbershop LLC is the same person, and I would like to keep this association between the companies.

Thank you for your time

Sincerely,

Carlos Jauregui

A handwritten signature in black ink, appearing to read 'Carlos Jauregui', written over a set of horizontal lines.

H230000170573

ATX:

## ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: YOE'S BARBER SHOP CORPARTICLE II PRINCIPAL OFFICEPrincipal street address680 SOUTH DRMIAMI SPRING FL 33166

Mailing address, if different is:

680 SOUTH DRMIAMI SPRING FL 33166ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: CARLOS R JAUREGUI, PRESIDENT

Name and Title: \_\_\_\_\_

Address: 650 CURTISS DRIVE

Address: \_\_\_\_\_

OPA LOCKA, FL 33054

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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ATX1

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: CARLOS R. JAUREGUI

Address: 650 CURTISS DRIVE

OPA LOCKA, FL 33054

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

Name: CARLOS R. JAUREGUI

Address: 650 CURTISS DRIVE

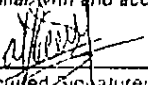
OPA LOCKA, FL 33054

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 1/13/2023 (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*

 _____ Registered Signature/Registered Agent	<u>1/13/2023</u> Date
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*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.*

 _____ Registered Signature/Incorporator	<u>1/13/2023</u> Date
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