

P240000 31863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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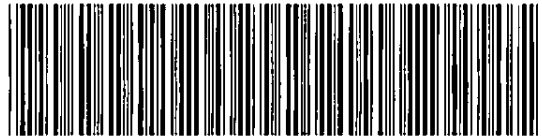
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 MAY -8 PM 2:15 2024 MAY -8 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
TALLAHASSEE, FL

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: PROFIT BARBER SCHOOL INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: WILLIE H. MOODY JR.  
Name (Printed or typed)

3405 SAWTOOTH DR.  
Address

TALLAHASSEE, FL. 32303  
City, State & Zip

(850) 694-9134  
Daytime Telephone number

williemoody13@gmail.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

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**NOTE: Please provide the original and one copy of the articles.**

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: PROFIT BARBER SCHOOL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2415 N. MONROE ST. Ste 1104

3405 SAWTOOTH DR.

TALLAHASSEE, FL. 32303

TALLAHASSEE, FL. 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide opportunities to individuals who have an interest in the field of barbering. Enforce good business practices among the students. Nevertheless, regulate sanitation standards to protect the public.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILLE H. MOODY JR (DIRECTOR) Name and Title: XAVIER C. MOODY (SECRETARY)

Address: 3405 SAWTOOTH DR.  
TALLAHASSEE, FL. 32303

Address: 3405 SAWTOOTH DR.  
TALLAHASSEE, FL. 32303

Name and Title: JAZMINE A. MOODY (TREASURER)

Address: 3405 SAWTOOTH DR.  
TALLAHASSEE, FL. 32303

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FL

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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: WILLIE H. MOODY JR.

Address: 3405 SAWTOOTH DR.

TALLAHASSEE, FL. 32303

**ARTICLE VII INCORPORATOR**

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

Name: WILLIE H. MOODY JR.

Address: 3405 SAWTOOTH DR.

TALLAHASSEE, FL. 32303

**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*

W. H. Moody Jr.

Required Signature/Registered Agent

*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.*

W. H. Moody Jr.

Required Signature/Incorporator

Date

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