

P98000030512

TRANSMITTAL LETTER

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

400002474094--2
-03/31/98-01102--004
*****78.75 *****78.75

SUBJECT: NICE CUTS, INC.
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ROSA LACOSTTE
Name (Printed or typed)

4732 NW 115th Terr.
Address

CORAL SPRINGS, FL. 33076
City, State & Zip

Wiss Lacoste - GAVE

AUTHORIZATION BY PHONE TO (954) 344-4453
Daytime Telephone number

CORRECT RA in Art. IV + Art. V

DATE 4-2-98

DOC. EXAM CB

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

98 MAR 31 PM 2:13
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

NICE CUTS, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10710 WILES ROAD
CORAL SPRINGS, FL. 33076

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

LUIS LACOSTTE

4732 NW 115th Terr.
CORAL SPRINGS, FL. 33076

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

V.P. ROSA LACOSTTE 4732 NW 115th Terr. Coral Springs, FL. 33076

PRES. LUIS LACOSTTE 4732 NW 115th Terr. Coral Springs, FL. 33076



Signature/Incorporator

03-25-98

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent


Signature/Registered Agent

03-25-98

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA