

P06000144275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

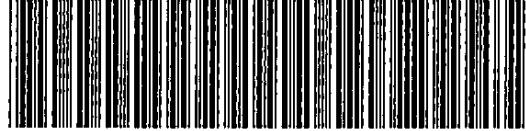
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500081195345

11/15/06--01027--011 \*\*78.75

06 NOV 15 PM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

3 11-16

COVER LETTER

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

SUBJECT: Gus' Barber Shop 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: Michael Wilson  
Name (Printed or typed)

1515 SE 17th S.T. #121  
Address

Ft. Lauderdale, FL 33346  
City, State & Zip

252-661-0842  
Daytime Telephone number

**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)

FILED

06 NOV 15 PM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: *Gus'barber Shop INC.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:  
*1515 SE 17th S.T. #121*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
*Barbershop/Hair Salon  
Ft Lauderdale, FL*

**ARTICLE IV SHARES**

The number of shares of stock is: *1500 par shares 33346*

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

List name(s), address(es) and specific title(s):  
*Michael Wilson - CEO/founder*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
*3101 Scott S.T., Hollywood, FL 33020  
Michael Wilson*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
*Michael Wilson 3101 Scott S.T., Hollywood, FL 33020*

\*\*\*\*\*

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

*Michael Wilson*  
\_\_\_\_\_  
Signature/Registered Agent

*11/11/06*  
\_\_\_\_\_  
Date

*Michael Wilson*  
\_\_\_\_\_  
Signature/Incorporator

*11/14/06*  
\_\_\_\_\_  
Date