

P95000041446

TRANSMITTAL LETTER

TALLAHASSEE, FLORIDA  
MAY 25 1995

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

P-3 KIROUAC, INC.

300001477583  
-05/05/95--01105--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: OFF THE TOP BARBER SHOP, 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:

PAMELA J. KIROUAC  
Name (printed or typed)

117 NORTH RIDGEWOOD DR  
Address

SEBRING, FLA. 33870  
City, State & Zip

(813)-382-16155  
Daytime Telephone number

W95-9741  
ST  
5/26

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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 9, 1995

PAMELA J. KIROVAC  
117 N. RIDGEWOOD DR.  
SEBRING, FL 33870

SUBJECT: OFF THE TOP BARBER SHOP, INC.  
Ref. Number: W9500009741

We have received your document for OFF THE TOP BARBER SHOP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6924.

Sharon Tala  
Document Specialist Supervisor

Letter Number: 795A00023155

*RESUBMITTED*

## ARTICLES OF INCORPORATION

FILED  
05 MAY 25 11 00 AM '07  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

### ARTICLE I NAME

The name of the corporation shall be:

~~OFF THE TOP BARBER SHOP, INC.~~  
P-3 KIROUAC, INC

### ARTICLE II PRINCIPAL OFFICE

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

117 NORTH RIDGEWOOD DR.  
SEBRING, FLA. 33870

### ARTICLE III SHARES

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

1000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PAMELA J. KIROUAC  
117 NORTH RIDGEWOOD DRIVE  
SEBRING, FLA. 33870

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

PAMELA J. KIROUAC  
117 NORTH RIDGEWOOD DR.  
SEBRING, FLA. 33870

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

TWENTY FOURTH day of APRIL, 1995.

Pamela J. Kirouac  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

FILED  
95 MAY 26 PM 2:02  
SEBRING STATE  
MAIL MAIL ROOM FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: DEF THE TOP BARBER SHOP, INC.

2. The name and address of the registered agent and office is:

PAMELA J KIROUAC  
(Name)

117 NORTH RIDGEWOOD DR  
(P.O. Box or Mail Drop Box **NOT** acceptable)

SEBRING, FLA 33890  
(City/State/Zip)

*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.*

Pamela J. KIROUAC  
(Signature)

4/24/95  
(Date)