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TRANSMITTAL LETTER

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

600003134786--1  
-02/14/00--01106--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: AMARILYS' BEAUTY SALON, 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 of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

RAMON REYES  
Name (Printed or typed)  
5035 PALM AVE.  
Address  
HALEAH, FL. 33012  
City, State & Zip  
(305)822-0669  
Daytime Telephone number

FILED  
00 FEB 14 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2/8/17

## 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:

AMARILYS' BEAUTY SALON, INC.

### ARTICLE II PRINCIPAL OFFICE

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

4294 PALM AVE.  
HIALEAH, FL. 33012

### ARTICLE III SHARES

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

1,000 COMMON SHARES

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

AMARILYS ACOSTA

5410 W 10<sup>th</sup> AVE.  
HIALEAH, FL. 33012

### ARTICLE V INCORPORATOR

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

PRESIDENT/  
SECRETARY

AMARILYS ACOSTA

5410 W. 10<sup>th</sup> AVE.  
HIALEAH, FL. 33012

  
Signature/Incorporator

2/8/2000

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

2/8/2000

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA