POOQUES 309

FILED

00 SEP -5 AM 9: 14

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

SCORETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT:					
(Proposed corporate name - must include suffix)					
		English and the second	30000338 -09/05/00- *****87.5	01096009	
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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: Rosa E. De la Cruz Name (Printed or typed)					
19800 NW 7 Avenue Address					
MIAMI', FLORI'DA 33149 City, State & Zip					
305- 652-8122_ Daytime Telephone number					

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

Prd 9/11/00/

ARTICLES OF INCORPORATION

NAME

The name of the corporation shall be:

ARTICLE I

The undersigned incorporator, for the purpose of forming a corporation under the Florida

Business Corporation Act, hereby adopts the following Articles of Incorporation.

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TEGRETARY OF STATE TALLAHASSEE, FLORIDA

Emilia Unisex Beauty S	SALON INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of the 10082 N·W· 27 Avenue, Mi	is corporation shall be: Ami, Horida 33147
ARTICLE III SHARES The number of shares of stock that this corporation is aut 100 Shares @ \$1.00	horized to have outstanding at any one time is:
ARTICLE IV INITIAL REGISTERED AGE The name and Florida street address of the initial registere ROSA E. DE LA CRUZ 19800 N.W. 7 AVENUE, MIAMI	ed agent are:
ARTICLE V INCORPORATOR The name and address of the incorporator to these Artic ROSA E. DE IA CRUZ 19800 N.W. 7 AVENUE, MIAN	-
Poso E. De la Cuy Signature/Incorporator	08-24-00 Date
(An additional article must be adde	ed if an effective date is requested.)
Having been named as registered agent and to accept service of proceedificate, I hereby accept the appointment as registered agent and provisions of all statutes relating to the proper and complete perobligations of my position as registered agent	l agree to act in this capacity. I further agree to comply with the
Signature/Registered Agent	Date