

P0100000 9168

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H01000010340 7)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 559-7477

FLORIDA PROFIT CORPORATION OR P.A.

ILUMINATIONS HAIR STYLIST, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

FILED
01 JAN 24 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H010000103407

ARTICLES OF INCORPORATION
OF
ILUMINATIONS HAIR STYLIST, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JAN 24 AM 8:33

FILED

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the state of Florida.

ARTICLE I

The name of this corporation shall be:

ILUMINATIONS HAIR STYLIST, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
To have perpetual succession by its corporate

Name:

ILUMINATIONS HAIR STYLIST, INC.
Nora Giraldo
4080 SW 84 Ave
Miami, FL 33155
(305) 485-9300

H010000103407

H010000103407

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$ 10.00

Unless otherwise stated in these articles or an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**LUIS CARLOS MUNOZ
14490 SW 113 LN
MIAMI, FL.33186**

The principal office shall be:

**14490 SW 113 LN
MIAMI, FL.33186**

H010000103407

H010000103407

ARTICLE VI

The initial Board of Directors shall consist of a total of ONE (01) person, and the name and address of the person who is to serve as an initial director is:

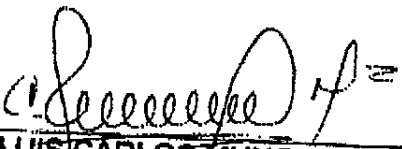
**LUIS CARLOS MUNOZ
14490 SW 113 LN
MIAMI, FL.33186**

PRESIDENT

The name and address of the incorporator executing these articles of incorporation

**LUIS CARLOS MUNOZ
14490 SW 113 LN
MIAMI, FL.33186**

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these articles of incorporation this 24 days of JANUARY, 2001


LUIS CARLOS MUNOZ

H010000103407

H010000103407

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

Pursuant to the provision of sections 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:

ILUMINATIONS HAIR STYLIST, INC.

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

**LUIS CARLOS MUNOZ
14490 SW 113 LN
MIAMI, FL 33186**

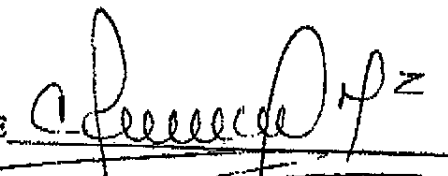
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JAN 24 AM 8:33

FILED

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 AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



Dated: JANUARY 24, 2001

H010000103407