701000017682

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

500<u>9077</u>795335-010 *****78.75 *****78.75

			新井井井(G。10 サウサンサーロ
SUBJECT:	(Proposed cor	oN, INC. porate name - must include	e suffix)
Enclosed is an orig \$70.00 Filing Fee	inal and one(1) copy of the articles \$78.75 Filing Fee & Certificate	of incorporation and a comparison of incorporation and a comparison of the compariso	check for: \$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FRON	1: KACHE' HAIR & NAIL, Name (Pr	SALON, INC rinted or typed)	· · · · · · · · · · · · · · · · · · ·
	1107 AMBER RD	Address	
	ORLANDO, FLA. 32807 City,	State & Zip	-i.

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

(407) 380-7070 Daytime Telephone number

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Floridal LAHASSEE, FLORIDA

ADTICLE L. NAME

ARTICLE I NAME

The name of the corporation shall be: .

KACHE' HAIR & NAIL SALON, INC

ARTICLE II PRINCIPAL OFFICE

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

1107 AMBER RD. ORLANDO, FLA. 32807

ARTICLE III SHARES

The number of shares of stocks that this corporation is authorized to have outstanding at any one time is: 10,000 SHARES AT PAR VALUE OF \$ 1.00 EACH.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: OMAYRA TORRES 10107 CHESHUNT DRIVE. ORLANDO, FL. 32817

ARTICLE V INCORPORATOR

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

OMAYRA TORRES PRESIDENT 10107 AMBER RD. ORLANDO, FLA. 32807

Signature/Incorporator

1-31-0.

Date

(An additional article must be added if and 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

Date