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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

GABLES GALLERY HAIR SALON, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03 (4)
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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B. McKnight APR 02 2001

ARTICLES OF INCORPORATION
OF
GABLES GALLERY HAIR SALON, INC.

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

ARTICLE I NAME

The name of the corporation shall be:
GABLES GALLERY HAIR SALON, INC.

The principal place of business of this corporation shall be:
460 Biltmore Way, Coral Gables, FL 33134

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1,000 shares \$1.00 par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
Lisette Tur	President	2900 SW 69 Av. Miami, FL 33155

ARTICLE VI INCORPORATORS

The name(s) and street address(s) of the incorporator(s) to this articles of incorporation is (are)

<u>NAME</u>	<u>ADDRESS</u>
Lisette Tur	2900 SW 69 Av. Miami, FL 33155

IN WITNESS WHERE OF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 2nd day of April , 2001.



Signature(s) of Incorporator(s)



CERTIFICATE OF DESIGNATION
REGISTERED AGENT REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organizes 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: Gables Gallery Hair Salon, Inc.
2. The name and address of the registered agent and office is:
Sergio de Varona, CPA, 304 Palermo Av., Coral Gables, FL 33134

Signature 
Title 
Date 04/01/01

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 the statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.


Sergio de Varona, CPA

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