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Address Mamise Adrien Ci 10843 NW 27th Avenue	. 80	00004011188——4 -04/15/0101082015 *****78.75 *****78.75
Miami Fl 33167		Use Only
RPORATION NAME(S) & DOCUM	ENT NUMBER(S), (II Know	n):
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■ Walk in ■ Pick up time ■ Mail out ■ Will wait		Certified Copy Certificate of Status
Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., C Change of Registered Dissolution/Withdraw Merger	Agent
OTHER FILINGS	REGISTRATION/QUAL	<u>LIFICATION</u>
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	. · · · · · · · · · · · · · · · · · · ·
22E031(7/97)		Examiner's Initials

G. BULLOCK APR 1 8 2001

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ARTICLES OF INCORPORATION

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: ADRIEN'S HAIR STYLIST, INC.

ARTICLE II PRINCIPAL OFFICE

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

10843 NW 27TH AVENUE MIAMI, FL 33167

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

Mamise Adrien

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mamise Adrien	
10843 NW 27th Avenue	
Miami Fl 33167	

ARTICLE V INCORPORATOR(S)

The name(s) and address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Mamise Adrien President 10843 NW 27th Ave Miami, Fl 33167

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 12th day April, 2001.

Signature- Mamise Adrien

Signature-

Signature-

Sworn to and subscribed before me this 12th day of April, 2001.

Notary Public

OFFICIAL NOTARY SEAL
D V MARSH
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC939573

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: ADRIEN'S HAIR STYLIST, INC.

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

Mamise Adrien 10843 NW 27th Avenue

Miami Fl 33167

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SECNETARY OF STATE
SECNETARY OF STATE
AND ANASSEE, FLORIDA

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, and accept the obligations of my position as registered agent.

Signature

Date/