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**Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0381

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

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DIVISION OF CORPORATIONS
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FLORIDA PROFIT CORPORATION OR P.A.

LA MAISON HAIR DESIGNERS

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION
OF
LA MAISON HAIR DESIGNERS, 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.

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ARTICLE I NAME
THE NAME OF THE CORPORATION SHALL BE:
LA MAISON HAIR DESIGNERS, INC.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:
3300 RICE STREET, SUITE 1, COCONUT GROVE, FLORIDA, 33133

ARTICLE II NATURE OF BUSINESS
THIS CORPORATION MAY ENGAGE IN OR TRANACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTY, 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 TIME ONE TIME IS : 60 SHARES

ARTICLE IV TERM OF EXISTENCE
THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V OFFICERS DIRECTORS
THE NAME(S) AND STREET ADDRESS(ES) OF THE INITIAL OFFICER (S) AND DIRECTORS(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):
REINALDO MOJICA
3300 RICE STREET SUITE 1, COCONUT GROVE, FLORIDA, 33133

ARTICLE VI INCORPORATOR(S)
THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S)
TO THIS ARTICLES OF INCORPORATION IS (ARE):

REINALDO MOJICA
3300 RICE STREET, SUITE 1 ,COCONUT GROVE, FLORIDA, 33133

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S)
HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION
THIS 8TH DAY OF MAY , 2001.-

SIGNATURE(S) OF INCORPORATOR(S)



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE
PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER
THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING
STATEMENTS IN DESIGNATING THE REGISTERED OFFICE/REGISTERED
AGENT, IN THE STATE OF FLORIDA.

1.- THE NAME OF THE CORPORATION:

LA MAISON HAIR DESIGNERS, INC.

2.- THE NAME AND ADDRESS OF THE REGISTERED AGENT AND
OFFICE IS:

REINALDO MOJICA
17421 SW 119 CT, MIAMI, FLORIDA, 33177

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SIGNATURE

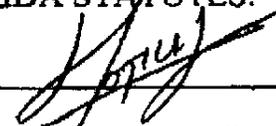


TITLE: DIRECTOR

DATE: MAY 8TH, 2001

HAVING BEEN NAMED TO ACCEPT SERVICES OF PROCESS FOR THE
ABOVE STATE CORPORATION, AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL
STATUTES RELATIVE TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND
OBLIGATION OF THE SECTION 607.325, FLORIDA STATUTES.

SIGNATURE



DATE: MAY 8 TH, 2001