(Requester's Name) 3320 S.W. 87 AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2.00 Certified Copy - Walk in Certificate of Status Photocopy Mail out Will wait AMENUMENTS NEW FILINGS Amendment Prolit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other -06/07/01--01067--013 REGISTRATION! , OTHER FILINGS ******78.75 *****78.75 QUALIFICATION **Annual Report** Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Examiner's Initials Other

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: THE BEAUTY PLACE INC.

ARTICLE II PRINCIPAL OFFICE

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

1455 N.W 107 AVENUE MIAMI, FL 33172

ARTICLE III SHARES

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

Ten shares @ \$100.00 par value

ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida address of the initial registered agent is:

CAROLINA PEREZ 3843 S.W 153 CT MIAMI, FL 33185

ARTICLE V INCORPORATOR(S)

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

CAROLINA PEREZ (PRESIDENT) 3843 S.W 153 CT MIAMI, FL 33185

Signature / Incorporator

Date/

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