

Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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APR 22 APR 22 Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Fhone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

nilda's beauty salon unisex, corp.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

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:

NILDA'S BEAUTY SALON UNISEX, CORP.

ARTICLE II PRINCIPAL OFFICE

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2 ## 8: |

5779 NW 151 TH STREET HIALEAH FL 33014

ARTICLE III SHARES

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

100 SHARES AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

NILDA LUZ TRAVIESO 2255- 2 W 69 STREET HIALEAH FL 33016

ARTICLE V INCORPORATOR(S)

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

NILDA LUZ TRAVIESO 2255-2 WEST 69 STREET HIALEAH FL 33016-6814

ARTICLE VI OFFICERS

PRESIDENT NILDA LUZ TRAVIESO 100 %

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

22day of APRIL, 2002

[An additional article must be added if an effective date is requested.]

de	<u> </u>	
	Signature	
	Signature	
	Signature	 -

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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.

The name of the corporation is:

NILDA'S	REAUTY	SALON	INTERV	CODD
* *************************************		JALUN	UNISEX.	CIBRE

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

NILDA LUZ TRAVIESO			
NAME	SE	02	
2255-2 69 STREET	CRETA	APR	T
(P.O. BOX OR MAIL DROP BOX NOT ACCEPTABLE)	RY 0 SEE	22	m
HIALEAH FL 33016	OF STAT	æ	Ö
(CITY/STATE/ZIP)	PA	9	

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)	04/22/2002
	(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314