

POB000033774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

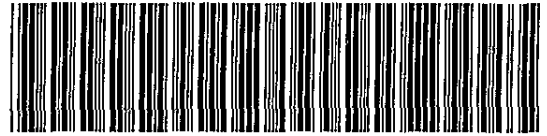
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/20/03--01040--011 \*\*78.75

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
03 MAR 20 PM 12:11

3-25-03

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Karolina's Hair Specialties Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Carolina Ruiz

Name (Printed or typed)

15230 SW 170th. Terrace

Address

Miami , FL 33187

City, State & Zip

305/256-5680

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

Karolinas Hair Specialties Inc

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1327 SW 8th. Street Miami , FL

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Beauty Salon

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Carolina Ruiz  
15230 SW 170th. Terrace  
Miami , FL 33187

### ARTICLE VI REGISTERED AGENT

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


Pablo O. Orta  
13501 SW 128th. Street Suite 201  
Miami , FL 33186

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carolina Ruiz  
15230 SW 170th. Terrace  
Miami, FL 33187

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 Pablo O. Orta  
Signature/Registered Agent

03/17/03

Date

 Carolina Ruiz  
Signature/Incorporator

03/17/03

Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 MAR 20 PM 12:11