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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

ECT:	B MY HAIR SALON CO (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
ed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:
□ \$70.00	XX S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	JULTO HILARTO Name: 4925 SW 154 Ave	(Printed or typed)	
		Address	· · · · · · · · · · · · · · · · · · ·
	MIAMI FL 33185		
<u>_</u>	- City,	State & Zip	
	(305) 551-4369		
•	Daytime T	elephone number	·

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

J&B MY HAIR SALON CO

ARTICLE II PRINCIPAL OFFICE
Principal place of business/mailing address is:

14529 SW 42ND ST., MIAMI, FL 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPERATE ESTABLISHED BEAUTY SALON

ARTICLE IV SHARES

100 SHARES OF STOCK AT \$1.00 Par Value

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

JULIO HILARIO 4925 SW 154 AVE MIAMI FL 33185 BELKIS M. HILARIO 4925 SW 154 AVE MIAMI FL 33185

ARTICLE VI REGISTERED AGENT
The name and Florida street address of registered agent are:

JULIO HILARIO 4925 SW 154 AVE MIAMI FL 33185 The name and address of the Incorporator are:

JULIO HILARIO 4925 SW 154 AVE MIAMI FL 33185

ARTICLE VIII; EFFECTIVE DATE

The effective date of this Corporation shall be JULY 16, 2003

Having being 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

Signature /Incorporator

Date

Date

SECRETARY OF STAT