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EXPRESS CORPORATE FILIN Requestor's Name	G SERVICE INC.			
1000 PONCE DE LEON BLVD. Address	SUITE:101			
CORAL GABLES, FL 33134	(305) 444-4994			
City/State/Zip	Phone #			
		OFFICE USE ONLY	{	
CORPORATION NAME(S) & D	OCUMENT NUM	BER(S) (if known):		
1. CARI BEAUTY	SALON CO	PP.		
(Corporation Name) 2.		(Document #)		
(Corporation Name)	· · · · · · · · · · · · · · · · · · ·	(Document #)		
(Corporation Name)		(Document #)		
4. (Corporation Merrie)		(Document #)		
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NEW FILINGS	AMENDME	CNTS		
8 Profit	Amendment			
NonProfit	Resignation of I	R.A., Officer/ Director		
Limited Liability	Change of Regi	stered Agent		
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Other	Merger	······································		<u> </u>
OTHER FILNGS	REGISTRATIC QUALIFICATIO	N/		
Annual Report	Foreign			
Fictitious Name	Limited Partnersl	hin		· · · ·
Name Reservation	Reinstatement			
	Trademark			
	Other			
C77E031(0/07)			Examiner's Initials	

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ARTICLES OF INCORPORATION

FOR **CARI BEAUTY SALON CORP.**

ARTICLE I NAME The name of the corporation shall be:

CARI BEAUTY SALON CORP.

ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:

> 8051 WEST 24TH AVE. #13 HIALEAH, FL 33016

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have shall be:

100

ARTICLE IV ____REGISTERED AGENT The name and Florida street address of the initial registered agent shall be:

> CARIDAD MONGUIA 8051 WEST 24TH AVE. #13 HIALEAH, FL 33016

ARTICLE V INCORPORATOR

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

CARIDAD MONGUIA 8051 WEST 24TH AVE. #13 HIALEAH, FL 33016

Signature of Incorporator

Date

ARTICLE VI DIRECTOR(S)/OFFICER(S) The name(s) and address(es) of the Director(s)/Officer(s) shall be:

> CARIDAD MONGUIA (P) 8051 WEST 24TH AVE. #13 HIALEAH, FL 33016

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, 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

1 24, PM 12: 31 Date