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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

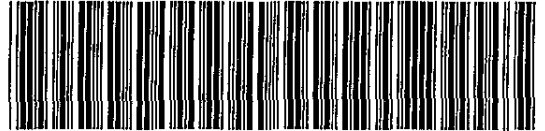
(Business Entity Name)

(Document Number)

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

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08/14/03--01010--019 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

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

SUBJECT: Maria's Hairstylist 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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Dale Schweitzer  
Name (Printed or typed)

9491 Easter Road  
Address

Miami, Fl. 33157  
City, State & Zip

305-299-4492  
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:

*Maria's Hair Stylist inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

*3551 S.W. 139 Avenue  
Minamar, Fl. 33427*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Hair cutting, styling, coloring, treating*

**ARTICLE IV SHARES**

The number of shares of stock is:

*100*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

*Maria Smith - President  
3551 S.W. 139 Avenue  
Minamar, Fl. 33427*

*Dale Schweitzer  
9491 Easter Road  
Miami, Fl. 33157*

**ARTICLE VI REGISTERED AGENT**

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

*Dale Schweitzer  
9491 Easter Road  
Miami, Fl. 33157*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Maria Smith  
3551 S.W. 139 Avenue  
Minamar, Fl. 33427*

\*\*\*\*\*

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

*Dale Schweitzer*

Signature/Registered Agent

*8-11-03*

Date

*Maria Smith*

Signature/Incorporator

*8/11/03*

Date

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TALLAHASSEE, FLORIDA