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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

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

SUBJECT:	QFIQ'S Hair Syli	st inci			
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	a check for:		
\$70.00	□ \$78.75	\$78.75	□ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy			
	1		& Certificate of		
		ADDITIONAL CO	Status		
		ADDITIONAL CO	TTREQUIRED		
EDOM.	Dale Schweit-				
FROM: Dale Schweitzer Name (Printed or typed)					
9491 Easter Road					
Address					
	Migmij Fl. 33157 City, State & Zip				
	City, saw & Lip				
305-299-4492					
•	305-299- YY92 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:

355/ 5,W. 139 Avenue Miramar, Fl. 33427

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Hair cutting, styling, coloning, treating

FILE D 03 AUG 14 AM 8: 13 SECRETARY OF STATE

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 Migmij Fli 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 Miramar, 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

Signature/Registered Agent

Mala Selection

Ma

Signature/Incorporator

8-11-03

Date

////03

Date