Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000305303 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : MIT, PRODUCTS AND SERVICE, INC.

Account Number: 070402002741
Phone: (305)597-5190
Fax Number: (305)597-5189

SECULTARY OF STATE
TALLARKSSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

RAMI BEAUTY SALON & SUPPLIES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

https://efile.sunbiz.org/scripts/efilcovr.exe

10/28/2003

PAGE 01

RAFAEL MOREL CPA PA

ARTICLES OF INCORPORATION

OF

RAMI BEAUTY SALON & SUPPLIES, INC.

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

RAMI BEAUTY SALON & SUPPLIES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2742 SW 8TH ST. STE. 26 MIAMI, FLA. 33145

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any time is: 1000 SHARES, ONE DOLLAR PAR VALUE PER SHARE.

ARTICLE IV-PREEMPTIVE RIGHTS

Every stockholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which it already holds, shall have the right to purchase his pro rata share thereof, as nearly as may be done without issuance of fractional shares as the price at which it is offered to others.

5819-269-908 0T:TT E002/22/0T

ARTICLE V-INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

RAFAEL A. MARMOLEJOS 15321 SW 50^{TE} STREET MIRAMAR, FLA. 33027-3605

ARTICLE VI

INITIAL BOARD OF DIRECTOR (S)

This corporation shall have (2) (two) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one. The name(s) and address(es) of the initial director(s) on this corporation is (are):

RAFAEL A. MARMOLEJOS 15321 SW 50TH STREET MIRAMAR, FLA. 33027-3605

GILBERTO A. RODRIGUEZ 1890 W. 56TH ST.APT.1217 HIALEAH, FLA. 33012

ARTICLE VII

OFFICER(S) AND SUBSCRIBER(S)

The officer(s) and subscriber(s) of this corporation is as follow:
SHARES

RAFAEL A. MARMOLEJOS PRESIDENT/DIRECTOR 51
TRESURER

GILBERTO A. RODRIGUEZ SECRETARY/DIRECTOR 49

ARTICLE VIII

INCORPORATOR (S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (sre):

GILBERTO A. RODRIGUEZ 1890 W. 56TH ST. APT.1217 HIALEAH, FLA. 33012

The undersigned has (have) executed these Articles of Incorporation this 24TH Day of OCTOBER, 2003

GILPERTO A. RODRIGUEZ/INCORPORATOR

Signature/ Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the state of Florida.

The name of the corporation is: RAMI BEAUTY SALON & SUPPLIES, INC.

The name and address of the registered agent and office is:

RAFAEL A. MARMOLEJOS

(NAME)

15321 SW 50^{TE} STREET

SIGNATURE RESIDENT.

DATE October 24 , 2003

HAVING BEEN 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

DATE October 24 , 2003

(ADDRESS)

MIRAMAR, FLA. 33027-3605 (CITY/STATE/ZIP)