

P04000095732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900038034359

06/23/04--01058--013 **78.75

RECEIVED
CH. JUN 23 AM 10:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2004 JUN 23 A 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

6/23/04 ✓

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. CLASSIC HAIR CORP.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

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;

CLASSIC HAIR CORP

ARTICLE II PRINCIPAL OFFICE

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

DIANA AYLLON 5110 N.W. 178 Terr
Miami Fl 33055

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is; 500 Shares value of \$1.00

FILED
2004 JUN 23 A 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is;

DIANA AYLLON 5110 N.W. 178 Terr
Miami Fl 33055

Diana Ayllon

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) if the incorporator(s) to these Article of incorporation is (are);

Diana Ayllon 5110 N.W. 178 Terr
Miami Fl 33055

Carlos G. Ayllon 5110 N.W. 178 Terr
Miami Fl 33055

ARTICLE VI DIRECTOR(S)

The name(s) and the street address(es) of the director(s) to these Articles of incorporation is (are);

Diana Ayllon 5110 N.W. 178 Terr
Miami Fl 33055

Carlos G. Ayllon 5110 N.W. 178 Terr
Miami Fl 33055

The undersigned incorporator(s) has(have) executed these Articles of incorporation this 21 day of June, 2004

Diana Ayllon

Diana Ayllon

SIGNATURE

President Treasurer

SIGNATURE

Vicepresident Secretary

Carlos G. Ayllon

SIGNATURE

CERTIFICATE OF DESIGNATION REGISTERED AGENT /

REGISTERED OFFICE.

Pursuant to the provision of sections 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,

1.- The name of the corporation is; _____

CLASSIC HAIR CORP

2.- The name and address of the registered agent and office is

DIANA AYLLON

NAME

5110 N.W. 178 Terr

P.O. BOX NOT ACCEPTABLE

Miami Fl 33055

CITY/STATE/ZIP

2004 JUN 23 A 11 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 REG

Diana Ayllon
SIGNATURE

21 day of June, 2004