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TRANSMITTAL LETTER

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

| SUBJECT: | PROPOSED CORPORA | MC. TE NAME – <u>MUST INCL</u> | UDE SUFFIX) | | |
|----------------------|--|--|--|--------------|-------|
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation and | a check for: | _ | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | | |
| FROM: | | (Printed or typed) | | | |
| | Miami , FL | 2 # T317 Address 33167 , State & Zip | T CATA DOLE, | DA DEC 13 AN | FILED |
| | 305. 823. 1 | • | LORIDA | AH 8: 68 | |

NOTE: Please provide the original and one copy of the articles.

TRANSMITTAL LETTER

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

| SUBJECT: VIP CUTS, Inc. | | | | | |
|-------------------------|--|--|---|--|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) | | |
| Enclosed are an orig | inal and one (1) copy of the arti | cles of incorporation and | a check for: | | |
| | \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED | | |
| FROM: | 12601 NW 27 | (Printed or typed) 1th AVE # T317 Address | | | |
| | Miani, FL 33167 City, State & Zip | | | | |
| | 305. 823. | 1753 elephone 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: VIP CUTS, IRC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 6704 Biscarine Blvd Miami, FL 33138 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Barbersnop ARTICLE IV SHARES The number of shares of stock is: 1000 Snares @ 1.00 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Elvira Soto, President 12601 NW 27th AVE # T317 Luis R. Bredeson, V. President 12601 NW 27 m Ave # T317 Miami, Fr. 33167 Mumi FL 33167 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Elvira Soto 12601 NW 27TH AVE #T317 MIAMI, FL 33167 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Elvira Soto 12601 NW 27m AVE # T317 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 familigr-with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator