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Office Use Only



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OS APR 19 PH 3: 51.

J. Shivers APR 21 2005

TRANSMITTAL LETTER

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

SUBJECT:	Jalon Of Ava PROPOSED CORPORA	TENAME-MUSTINGL	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the arti	cles 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:	4350 D	(Printed or typed)		OS APR 19	
-	Oclando C 407-348 H 407-27	Address State & Zip State & Zip 3 - 5 > 5 } elephone number	18	F CORFORATION.	30470

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: Sqlon of Avalon, Fnc		
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 43 SO Dahl († Orlando A 32828		
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Opening y Searty	Salon	
ARTICLE IV SHARES The number of shares of stock is:		- -
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	05 APR	Visio
List name(s), address(es) and specific title(s):	PR	差点
Pedro Cabrera Vicepresident	19 PM	F COS
4350 DIAI C+ Orlando, 5/32828	H 3: 54	CORPORATION
ARTICLE VI REGISTERED AGENT	t-	<u> </u>
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is	6.	 -
Kathy Calreca 4350 Dahl Ct Or (9 ndo F) 32828 ARTICLE VII INCORPORATOR		
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
Raches Celler		
425 Och C		
Hachy ahen 4350 Dels G Ollando El 32828		
I	******	****
Having been named as registered agent to accept service of process for the above stated corporation at the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacit		ı ın ini
K. A. C.		
NOTEM (algeria	100	

H +07-273-5751