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05 APR 28 AM 9:19
J. Shivers

J. Shivers MAY 03 2005

005-17451

TRANSMITTAL LETTER

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

SUBJECT:

Primor Beauty Salon, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

18.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Miroslava Benites

Name (Printed or typed)

18932 NW 46 avenue

Address

Miami FL 33055

City, State & Zip

305-625-2260

Daytime Telephone number

FILED
DIVISION OF CORPORATIONS
05 APR 28 AM 9:19
TALLAHASSEE, FL 32314

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:

Primor Beauty Salon, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4645 NW 199 Street
Miami Gardens, FL 33055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Beauty Salon (Unisex)

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

President → Miroslava Benites
18932 NW 46 Ave
CAROL CITY FL 33055

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Miroslava Benites
18932 NW 46 Ave
Miami, FL 33055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Miroslava Benites
18932 NW 46 AVE
Same as Registered Agent MIAMI, FL 33055.

FILED
SECRETARY OF STATE
05 APR 28 AM 9:10

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

Signature/Incorporator

Date

Date