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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

pasarela beauty salon, inc

*Law*  
*9/25/05*

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION  
OF

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

PASARELA BEAUTY SALON, INC

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of the corporation shall be:

PASARELA BEAUTY SALON, INC

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- 1) Transact any and all lawful business
- 2) Said corporation shall further have powers  
To have perpetual succession by it's corporate

Name:

PASARELA BEAUTY SALON, INC

ARTICLE IV

The aggregate number of shares, which the corporation shall have authority to issue, is the total sum of 1000 shares, having an individual per value of \$10.00

Unless otherwise stated in these article, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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#### ARTICLE V

*The street of the initial registered office and the name of the initial Registered Agent of this corporation shall be:*

*Beatriz E. Sanchez  
409 Gran Canal Drive  
Miami, Florida 33144-2533*

*The principal office shall be:*

*5339 SW 8<sup>th</sup> Street  
Miami, Florida 33134*

#### ARTICLE VI

*The initial Board of Directors shall consists of a total of FOUR (4) person, and the name and address of the person who is to serve as an initial director is:*

<i>Beatriz E. Sanchez 409 Gran Canal Drive Miami, Florida 33144-2533</i>	<i>President</i>
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<i>Adiela Hidalgo 298 NW Drive Miami, Florida 33126-4542</i>	<i>Vice-President</i>
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<i>Xavier Hidalgo 298 NW Drive Miami, Florida 33126-4542</i>	<i>Treasure</i>
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<i>Elbis Alexander Sanchez 409 Gran Canal Drive Miami, Florida 33144-2533</i>	<i>Secretary</i>
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*The shares of each shareholders and registered agent to the Certificate of Incorporation are as follows:*

<i>Beatriz E. Sanchez 409 Gran Canal Drive Miami, Florida 33144-2533</i>	<i>50%</i>
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<i>Adiela Hidalgo 298 NW Drive Miami, Florida 33126-4542</i>	<i>50%</i>
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*The name and address of the incorporator executing these Articles of incorporation is:*

*Beatriz E. Sanchez  
409 Gran Canal Drive  
Miami, Florida 33144-2533*

*Adiela Hidalgo  
298 NW Drive  
Miami, Florida 33126-4542*

*IN WITNESS WHEREOF, the undersigned incorporator has we executed theses  
Articles of Incorporation this 01<sup>st</sup> day of September 2005.*

*Beatriz Sanchez*  
Beatriz E. Sanchez  
President

*Adiela Hidalgo*  
Adiela Hidalgo  
Vice-President

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

*Pursuant to the provision of sections 607.0501 or 617.0501, 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:*

**PASARELA BEAUTY SALON, INC.**

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

*Beatriz E. Sanchez  
409 Gran Canal Drive  
Miami, Florida 33144-2533*

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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 a registered agent.

Signature: + Beatriz Sanchez  
President

Signature: + Adeila Hidalgo  
Vice-President

Date: September 01, 2005

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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