

**P05000154985**

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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**

**BARBARA BODY SHOP, CORP.**

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**  
**BARBARA BODY SHOP, CORP.**

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

**BARBARA BODY SHOP, CORP.**

The principal place of business of this corporation shall be:

**1266 OPA LOCKA BLVD  
OPA LOCKA, FL 33054**

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

**100 SHARES AT (\$10.00) PER VALUE**

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name (s) and street address (es) of the initial officer (s) and director (s), if any, who shall hold office the first year of the corporation's existence or until their successor (s) is (are) elected, is (are):

**BARBARA REBECA CRUZ  
4537 NW 185 STREET  
OPA LOCKA, FL 33055**

**ARTICLE VI INCORPORATOR (S)**

The name (s) and street address (es) of the incorporator (s) to this article of incorporation is (are):

**BARBARA REBECA CRUZ  
PRESIDENT / AGENT  
4537 NW 185 STREET  
OPA LOCKA, FL 33055**

**IN WITNESS WHERE OF**, the undersigned incorporator (s) has (have) executed these Articles of incorporation this **22<sup>ND</sup>** day of **November, 2005**.

Signature (s) of Incorporator (s)

  
\_\_\_\_\_  
Barbara Rebeca Cruz

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

Pursuant to the provisions of Section 607.325, 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:

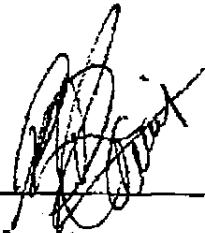
BARBARA BODY SHOP. CORP., 1266 OPA LOCKA BLVD. OPA  
LOCKA, FL 33054

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

BARBARA REBECA CRUZ, 4537 NW 185 ST. OPA LOCKA, FL  
33055

(P.O. BOX NOT ACCEPTABLE)

SIGNATURE: \_\_\_\_\_

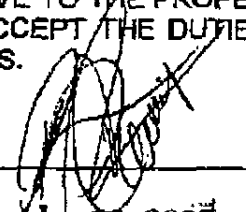


TITLE: President/Agent

DATE: November 22, 2005

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: \_\_\_\_\_



DATE: November 22, 2005

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