

PO6000050822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600069258736

04/07/06--01033--004 **78.75

FILED
06 APR -7 PM 1:57
TALLAHASSEE, FLORIDA

RECEIVED
06 APR -7 PM 11:54
TALLAHASSEE, FLORIDA

4/11/06

LAZARUS
CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. HABODYSHOP CORP
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2.00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

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:

H A BODY SHOP CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9401 NW 109 St Bay 6
Medley, FL 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NEW BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ADALBERTO RAMOS, PRESIDENT
5021 NW 187 St
Opa Locka, FL 33055

HIGINIO HERNANDEZ, VICE PRESIDENT
18602 NW 48 Av

ARTICLE VI REGISTERED AGENT

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

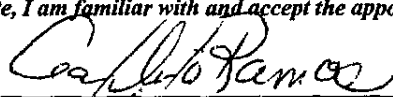
ADALBERTO RAMOS
5021 NW 187 St
Opa Locka, FL 33055


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

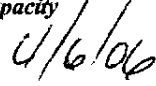
ADALBERTO RAMOS
5021 NW 187 St
Opa Locka, FL 33055


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

FILED
06 APR - 7 PM 1:57
TALLAHASSEE, FLORIDA