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SECRETATION OF LT

COVER LETTER

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

SUBJECT:	BIAGO	TE NAME - MUST INCL	UDE SUFFIX)
\$70.00 Filing Fee	ginal and one (1) copy of the artic \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	VITO Name (Printed or typed) Sw 15 +h	Courer
		State & Zip 305 - 1005 elephone number	

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)	DIVISION AND
ARTICLE I NAME The name of the corporation shall be:	06 MAY - 1 AM 8
BIAGE WC	., 0
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
ARTICLE III PURPOSE 74 33335 The purpose for which the corporation is organized is:	
COSMETOLOGY	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
VITO BUCARIO	
DAVIE FC 33325	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is	s:
VITO BUCARIO 14071 SW 15th Court DAVIE FZ 33327	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: VITO BUCANGE 14071 SW 15 th County	
DAME FL 33325	*****
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 capacity	place designated in this
The Burns 4/1	3/06
Signature/Registered Agent De Of 17	3/06 2/06

Date

Signature/Incorporator