# Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : XIOMARA LEE, F.A.

Account Number : I20040000008

: (305)262-2323

Phone Fax Number

: (305)262-2324

# FLORIDA PROFIT/NON PROFIT CORPORATION

#### LALYROD BEAUTY SALON INC.

Certificate of Status	11
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# U H U T U U U U O O O O O O ) \

#### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

# ARTICLE I NAME

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The name of the corporation shall be: LALYROD BEAUTY SALON INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1087 W 29 ST HIALEAH, FL 33012

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL 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): LAZARO RODRIGUEZ (PRESIDENT/DIRECTOR) 1087 W 29 ST HIALEAH, FL 33012

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

LAZARO RODRIGUEZ 1087 W 29 ST HIALEAH, FL 33012

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LAZARO RODRIGUEZ 1087 W 29 ST HIALEAH, FL 33012

g been named as registered ogent to accept service of process for the above ate. I am familiar with and accept the appointment as registered agent and	e stated corporation at the place designate. Tagree to act in this canacies
ld a li Oberen-	ugree to ucr in shin cupacity
ACT CONTRACTOR OF THE PARTY OF	01/08/2007
Signaturo Registered Agenty	Date
A Alas Idlanded	
The state of the s	01/08/2007
Signature/Indorporator	Date
Storature/Indorporator	Date