

FD 808000008019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

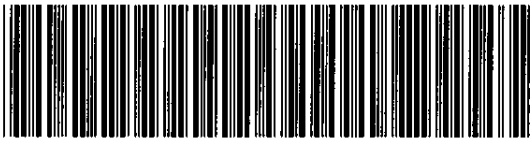
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2008 JAN 22 P 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1-23-08  
FD

**COVER LETTER**

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

**SUBJECT:** Elsa Beauty Supply Co.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Elsa Martinez

Name (Printed or typed)

3148 SW 16 Street

Address

Miami, Florida 33145

City, State & Zip

01/14/08 9:00 am tel:786-317-6217

Daytime Telephone 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)

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**ARTICLE I NAME**

The name of the corporation shall be:

Elsa Beauty Supply *CO.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:  
3148 SW Street, Miami, Florida 33145

*3148 SW 16 STREET*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Basic beauty products sales.

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Elsa Martinez, 3148 SW 16 Street Miami  
Florida, 33145, President

Gabriel Machado, 3148 SW 16 Street Miami  
Florida, 33145, Vice President

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Elsa Martinez, 3148 SW 16th Street, Miami, Florida 33145


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Elsa Martinez, 3148 SW 16th Street, Miami, Florida 33145

\*\*\*\*\*  
*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

01/14/08  
Date

  
\_\_\_\_\_  
Signature/Incorporator

01/14/08  
Date