

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

# FLORIDA PROFIT/NON PROFIT CORPORATION

ocalina professional hair & make up, inc

Certificate of Status	0
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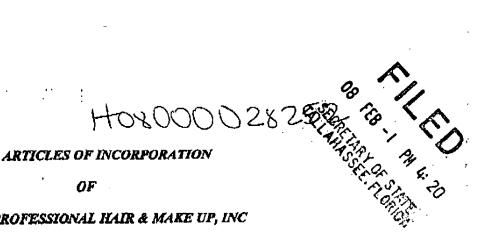
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OF

# OCALINA PROFESSIONAL HAIR & MAKE UP, INC

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

#### ARTICLE I

The name of the corporation shall be:

# OCALINA PROFESSIONAL HAIR & MAKE UP. INC

This corporation shall commence existence upon the filling of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

### ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- 1) Transact any and all lawful business
- 2) Said corporation shall further have powers
- To have perpetual succession by it's corporate

Name:

OCALINA PROFESSIONAL HAIR & MAKE UP, INC

# ARTICLE IV

The aggregate number of shares, which the corporation shall have authority to issue, is the total sum of 1000 shares, having an individual per value of \$10.00

Unless otherwise stated in this article, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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## ARTICLE V

The street of the initial registered office and the name of the initial Registered Agent of this corporation shall be:

OCALINA ALTAGRACIA VARGAS 4719 NW 7<sup>TH</sup> STREET APT, 106 MIAMI, FLORIDA. 33126-2212

The principal office shall be:

4719 NW 7<sup>TH</sup> STREET APT. 106 MTAMI, FLORIDA 33126-2212

#### ARTICLE VI

The initial Board of Directors shall consists of s total of TWO (2) person, and the name and address of the person who is to serve as an initial director is:

OCALINA ALTAGRACIA VARGAS 4719 NW 7<sup>TH</sup> STREET APT. 106 MIAMI, FLORIDA 33126-2212

PRESIDENT

JUAN JOSE JIMENEZ 4719 NW 7<sup>TH</sup> STREET APT. 106 MIAMI, FLORIDA. 33126-2212

VICE-PRESIDENT

The shares of each shareholders and registered agent to the Certificate of Incorporation are as follows;

OCALINA ALTAGRACIA VARGAS 4719 NW 7<sup>TH</sup> STREET APT. 106 MIAMI, FLORIDA 33126-2212

50%

JUAN JOSE JIMENEZ 4719 NW 7<sup>TH</sup> STREET APT. 106 MIAMI, FLORIDA. 33126-2212

50%

The name and address of the incorporator executing these Articles of incorporation is:

OCALINA ALTAGRACIA VÁRGAS 4719 NW 7<sup>TE</sup> STREET APT. 106 MIAMI, FLORIDA 33126-2212 PRESIDENT

JUAN JOSE JIMENEZ 4719 NW 7<sup>TH</sup> STREET APT. 106 MIAMI, FLORIDA. 33126-2212 **VICE-PRESIDENT** 

IN WITNESS WHEREOF, the undersigned incorporator has we executed theses Articles of Incorporation this 01<sup>ST</sup> day of February of 2008:

Acolmen Vangas
OCALINA ALTAGRACIA VARGAS
President

JUAN JOSE TIMENEZ

CERTIFICATE OF DESIGNATION
-- REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, 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 is:

#### OCALINA PROFESSIONAL HAIR & MAKE UP, INC

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

OCALINA VARGAS 4719 NW 7<sup>TH</sup> STREET APT. 106 MIAMI, FLORIDA, 33126-2212

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as a registered agent.

Signature:

Peal

Freducen

Signature:

Vice-President

Dated: February 1, 2008.

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