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**FLORIDA PROFIT/NON PROFIT CORPORATION**

eyebrow spa by xiomara inc

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

**OF**

**EYEBROW SPA BY XIOMARA INC**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

EYEBROW SPA BY XIOMARA INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

120 W 10 STREET No. 5  
HIALEAH, FL 33010

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

XIOMARA PEREZ  
120 W 10 STREET No. 5  
HIALEAH, FL 33010

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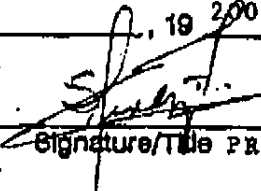
**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

XIOMARA PEREZ  
120 W 10 STREET No. 5  
HIALEAR, FL 33010

The undersigned has(have) executed these Articles of Incorporation this

  EITH   day of   APRIL  , 19   2008  

  
\_\_\_\_\_  
Signature/Title PRESIDENT

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

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**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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: \_\_\_\_\_

EYEBROW SPA BY XIOMARA INC

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

XIOMARA PEREZ 120 W 10 STREET No. 5  
(P.O. BOX NOT ACCEPTABLE)

HIALEAH, FL 33010

(CITY/STATE/ZIP)

SIGNATURE \_\_\_\_\_

(Corporate officer)

TITLE PRESIDENT

DATE \_\_\_\_\_

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE \_\_\_\_\_

DATE APRIL 8th, 2008

REGISTERED AGENT FILING FEE: \$20.00

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