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SECRETARY OF STATE  
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2009 MAR 11 PM 4:43

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**COVER LETTER**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

2009 MAR 11 PM 4:43

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

**SUBJECT:** MAX<sup>S</sup>BELLA HAIR BRAIDING & BEAUTY SUPPLY INC  
**(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: MARGARITA CASTRO  
Name (Printed or typed)

1254 NW 29TH STREET  
Address

MIAMI, FLORIDA 33142  
City, State & Zip

786-975-8584  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

MAXBELLA HAIR BRAIDING & BEAUTY SUPPLY INC

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

1254 NW 29TH STREET MIAMI, FLORIDA 33142

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

HAIR BRAIDING AND BEAUTY COSMETIC \$, BEAUTY SUPPLY.

**ARTICLE IV SHARES**

The number of shares of stock is:

500

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

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

MARGARITA CASTRO (PRESIDENT)  
1254 NW 29 ST  
MIAMI, FLORIDA 33142

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MARGARITA CASTRO  
1254 NW 29 ST  
MIAMI, FLORIDA 33142

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


MARGARITA CASTRO  
1254 NW 29 ST  
MIAMI, FLORIDA 33142

\*\*\*\*\*

*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

03/09/2009  
\_\_\_\_\_  
Date

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

03/09/2009  
\_\_\_\_\_  
Date