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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Hollywood SECRET HUMAN HAIR
(Corporation Name) (Document #)
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NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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**ARTICLES OF INCORPORATION
OF**

HOLLYWOOD SECRET HUMAN HAIR CORP

The undersigned subscribers to these Articles of Incorporation, each natural person competent to contract, hereby associate themselves together to form a corporation under the laws of the State of Florida.

ARTICLE I NAME

The name of the corporation is:

HOLLYWOOD SECRET HUMAN HAIR CORP

ARTICLE II ADDRESS

The initial post office address of the principal office of this corporation in the State of Florida is:
16900 N BAY RD APT-1611, SUNNY ISLES, FL 33160

The Board of Directors may move, from time to time, the principal office to any other address in the State of Florida.

ARTICLE III PURPOSE

The purpose of the corporation is to engage in any lawful act of activity for which corporations may be organized under the General Corporations Laws of the State of Florida, and the Laws of the United States of America. To exercise all power convenient, incident to, or necessary in the proper conduct of its business, which are granted to corporations for profit under the Laws of the State of Florida, either by the terms of this charter or by virtue of the Laws of the State of Florida.

ARTICLE IV SHARES

The maximum number of shares of stock that this corporation is authorized to have outstanding at any time is 10,000 shares of common stock having a nominal par value of \$ 1.00 per share; all shares shall be paid in lawful money of the United States of America or in property, labor or services, the just value thereof shall be fixed by the Board of Directors of the corporation in the manner provided for by the Laws of the State of Florida.

ARTICLE V DIRECTORS

This corporation shall have TWO directors, initially. The number of directors may be increased or diminished from time to time, by by-laws adopted by the stockholders, but shall never be less than TWO.

ARTICLE VI INITIAL DIRECTORS

The names and post office addresses of members of the First Board of Directors are:

DIEGO A CALVINO 15562 SW 54 CT,MIRAMAR,FL.33027
SILVIA BEJAN 16900 N BAY RD APT-1611,SUNNY ISLES,FL 33160

ARTICLE VII REGISTERED AGENT

The name and street address of Registered Agent to these Articles of incorporation is:

DIEGO A CALVINO 15562 SW 54 CT,MIRAMAR,FL.33027

The undersigned Registered Agent has executed these Articles of Incorporation this 11 day of JANUARY, 2010.


Signature

DIEGO A CALVINO

ARTICLE VIII INCORPORATOR

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

DIEGO A CALVINO 15562 SW 54 CT, MIRAMAR, FL. 33027

The undersigned Incorporator has executed these Articles of Incorporation this 11 day of JANUARY, 2010.


Signature

DIEGO A CALVINO

STATE OF FLORIDA;

COUNTY OF DADE }

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared:

DIEGO A CALVINO

To me known to be the persons described as subscribers in and who executed the foregoing Articles of Incorporation, and acknowledged before me that they subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above this 11 day of
JANUARY, 2010

R. A. Alfonso
Notary Public
State of Florida at large

Notary Public

State of Florida at large

My commission expires:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept services of process for the above stated corporation, at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Signature _____

DIEGO A CALVINO

Registered Agent

FIELD
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