

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100001491053)))



H100001491053ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : THE TAX MAN, INC.

Account Number : I19990000042 Phone : (561)799-3810

Fax Number : (561)799-1818

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION SAMANTHA'S HAIR SALON, INC.

Certificate of Status	1
Certified Copy	. 0 .
Page Count	05
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

10 VH

i (I.

JUN/25/2010/FRI 02:50 PM

P. 002

H100001491053 AMILIOS

ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OF

SAMANTHA'S HAIR SALON, INC.

ARTICLE I

NAME

The name of this corporation is SAMANTHA'S HAIR SALON, INC.

ARTICLE II

NATURE OF BUSINESS

This Corporation may engage in any business activity or business permitted under the laws of The United States and the State of Florida.

ARTICLE III

CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any one time is ONE THOUSAND (1,000) SHARES of common stock having \$1.00 per value.

ARTICLE IV

INITIAL CAPITAL

The amount of capital that this Corporation will begin with is FIVE HUNDRED (\$500.00) DOLLARS.

H16000 1491053

4100001491053

ARTICLE V

TERM OF EXISTENCE

This Corporation shall have perpetual existence.

ARTICLE VI

INITIAL REGISTERED OFFICE AND AGENT

The address in the State of Florida of the principle office of this Corporation is 2170 10th Ave N, Lake Worth, FL 33461-3314, and the name of the initial registered agent at this address is Louis Le-Venton.

ARTICLE VII

INITIAL BOARD OF DIRECTORS

The Corporation shall have two (2) director initially. The number of directors may either be increased or diminished from time to time by the by-laws, but shall never be less than one.

ARTICLE VIII

INITIAL DIRECTORS

Louis Le-Venton

2170 10th Ave N Lake Worth, FL 33461-3314

Samantha J Delao Mumoz

2170 10th Ave N Lake Worth, FL 33461-3314

H10000 1491053

H100001491053

ARTICLE IX

INCORPORATORS

The name and address of the persons signing these articles of incorporation is:

Louis Le-Venton

2170 10th Ave N Lake Worth, FL 33461-3314

Samantha J Delao Mumoz

2170 10th Ave N Lake Worth, FL 33461-3314

IN WITNESS WHEREOF, the undersigned subscribers have executed these articles of incorporation this 25th Day of June, 2010.

Louis Le-Venton

Samantha J Delao Mumoz

STATE OF FLORIDA

COUNTY OF PALM BEACH

Before me, a notary public authorized to take acknowledgments in the state and county set forth above, Louis Le-Venton personally appeared, known by me to be the person who executed these articles of incorporation.

IN WITNESS THEREOF, I have hereunto set my hand and official seal, in the state and county aforesaid, this 25th Day of June, 2010.

JESSICA KRAMBER

Notary Public - State of Florida

My Comm. Expires Jan 27, 2013

Commission # 00 885410

Notary Public

H10000 1491053

H100001491053111125 AMII: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48,091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST—SAMANTHA'S HAIR SALON, INC..

DESIRES TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS PRINCIPLE PLACE OF BUSINESS AT THE CITY OF Lake Worth, PALM BEACH COUNTY, STATE OF FLORIDA, HAS NAMED Louis Le-Venton, AT 2170 10th Ave N, CITY OF Lake Worth, STATE OF FLORIDA AS ITS AGENT TO ACCEPT PROCESS WITHIN FLORIDA.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN ACCORDANCE WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNED_

Louis Le-Venton Resident Agent

DATE <u>June 25 2010</u>