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AND AUG 18 P 1: 00
SECRETARY OF STATE

AUG 19 2010 D. A. WHITE

COVER LETTER

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

SUBJECT: Armani	Hair Studio Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	✓ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: <u>Je</u>	rad Millermon Nam	e (Printed or typed)	·
42	41 71st street N.	Address	
		Address	
Sa	int Pete, FL 33709 City	, State & Zip	
<u>(72</u>	7) 233-3003	•	
	Daytime '	Telephone number	
ferr	ariboy308@yahoo.com		
	F-mail address: (to be use	ed for future annual report	notification)

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

ARTICLES OF INCORPORATION

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

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

Armani Hair Studio inc.

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ARTICLE II PRINCIPAL OFFICE

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

4241 71st street N. Saint Pete, FI 33709

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Profit

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jerad Millermon 4241 71st street P

Mei Yan Yip 4241 7

4241 71st street VP

ARTICLE VI REGISTERED AGENT

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

Jerad Millermon

4241 71st street N. Saint Pete, FL 33709

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Jerad Millermon

4241 71st street N. Saint Pete, FL 33709

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

17 Al	8-16-10
Signature/Registered Agent	Date
M_	8-16-10
Signature/Incorporator	Date