

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

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

beauty exchange #6, inc.

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12/10/2010

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

おうタニー	
AND	

ARTICLE I	NAME BEAUTY EXCHANGE corporation shall be:	:#6, INC. 10 DEC 10 PM 2: 37
ARTIÇLE II	·	
	Principal street address	Mailing address, if differentist Artic OF STATE
	6200 W OAKLAND PARK BLVD	6200 W OAKLAND PARKIBINDOSSEE, ELORIDA
	SUNRISE EL 33313-1214	SUNRISE FL 33313-1214
APTICI.E III	PURPOSE	
	r which the corporation is organized is:	
		on is to transact any and all lawful business.
ARTICLE IV	SHARES shares of stock is: 100	
		nno.
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO Title: P\VP\SEC\TREAS	
Address:	AHMAD MUNTASER	Address:
	3290 SW 139TH TER	
	DAVIE FL 33330-4666	
Mana and	i diela.	Name and Title:
Address:	Truc.	Address:
Addiess.		Address:
	Title:	Name and Title:
Addr e ss:		Address:
	REGISTERED AGENT	. Patricular dans at .
Name:	Plorida street address (P.O. Box NOT acceptable) LUIS R. VAZQUEZ	
Address:		
Audiçes,	1832 NW 18TH ST MIAMLEL 33125-1408	_
		_
	INCORPORATOR	
	eddress of the incorporator is:	
Name:	LUIS R VAZQUEZ	
Address:	1832 NW 18TH ST	
	MIAMLEL 33125-1408	
Havine been na	uned as registered upent to accept service of proci	ess for the above stated corporation at the place designated in
	am familiar with and accept the appointment as re	
1000	Required Signature/Registered Agent	12-10-10
	Required Signature/Registered Agent	Date
I submit this do	eximent and affirm that the facts stated herein a	re true. I am aware that the false information submitted in a
	Department of State constitutes a third degree felo	
Au.	1 Nayoua	49.40.40
- July	A - Required Signature/Incorporator	12-10-10 Date
	staden or pillioni a montherma	
		H10000245958