

P10000100269

Florida Department of State
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: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC 10 PM 2:40

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FLORIDA PROFIT/NON PROFIT CORPORATION

beauty exchange salon, inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

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

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AND
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ARTICLE I NAME
The name of the corporation shall be: BEAUTY EXCHANGE SALON, INC.

10 DEC 10 PM 2:40

ARTICLE II PRINCIPAL OFFICE
Principal street address
1020 W SUNRISE BLVD
FT LAUDERDALE FL 33311-7144

Mailing address, if different is
1020 W SUNRISE BLVD
FT LAUDERDALE FL 33311-7144
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PIVP/SEC/TREAS	Name and Title: _____
Address: AHMAD MUNTASER	Address: _____
3290 SW 139TH TER	_____
DAVIE FL 33330-4666	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

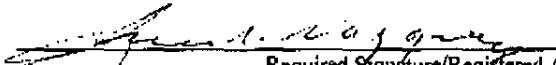
Name: LUIS R. VAZQUEZ
Address: 1832 NW 18TH ST
MIAMI FL 33125-1408

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: LUIS R. VAZQUEZ
Address: 1832 NW 18TH ST
MIAMI FL 33125-1408

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


Required Signature/Registered Agent

12-10-10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

12-10-10
Date

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