

## Florida Department of State

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## FLORIDA PROFIT/NON PROFIT CORPORATION ODA'REY BEAUTY SALON UNISEX CORP

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## 11140

	ARTICLES OF	INCORPORATION Of snal/or Chapter 621, P.S. (Page GRETARY OF STATE
	Ti combinates with embler of	TALLACCEF FLORIDA
The name of the corp	MAMOR Oration shall be:	SALON UNISEX CORP
ARTICLE II P	RINCIPAL OFFICE	
	Principal street address	Mailing address, if different is:
47	37 WEST FLAGLER STREET	4891 SW 5 ST
ML	AMI, FL 33134	CORAL GABLES, FL 33134
_	·	
ARTICLE III P	IRPOSE	
	ch the corporation is organized is:	
	LAWFÜL BUSINESS	
	•	
	•	
ARTICLE IVS	HARES	
	of stock is: 500 SHARES TO \$ 1.	00 EACH
	•	
ARTICLE V I	NITIAL OFFICERS AND/OR DIREC	
	ODALIS POZO (PRESIDENT)	Name and Title:
	4891 SW 5 ST	Address:
	COBAL GABLES, FL 33134	
Name and Title	D1	Name and Title:
Address:		Address:
No		% Y
Name and Title Address:	***************************************	Name and Title:
. ಗಡೆದ ಪ್ರತ್ನ		Address:
	<u>Egistered agent</u>	
	da street address (P.O. Box NOT socepts	blc) of the registered agent is:
Name:	ODALIS POZO	
Address:	4891 SW 5 ST	
	CORAL GARLES, FL 33134	<del>                                     </del>
ARTICLE VII I	NCORPORATOR	
	es of the Incorporator is:	
Name:	ODALIS POZO	
Address:	4891 SW 5 ST	
	COHAL GABLES, FL 33134	<del> </del>
FF		
Having been named	as registered agent to accept service of f	rocess for the above stated corporation at the place designated it as registered agent and agree to act in this capacity
	шышығ жақ аға астеусіне арропияни	to reference in tifeur ann afres in act to tert cahacits
A VASS		00/00/00/0044
-155/	Required Signature/Registered Ages	02/03/2011
T -	Rednice Signature/Registered Age	nt Date
I submit this docum	ent and affirm that the facts stated here	in are true. I am aware that the false information submitted in
document to the Dep	artment of State constitutes a third degree	Velony as provided for in \$ 817.155. F.S.
A KON		

Required Signature/Incorporator