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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : BLANCO ACCOUNTING I, INC.
Account Number : I20100000060
Phone : (305) 828-1148
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DIVISION OF CORPORATIONS

****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
GUI-LEON BEAUTY SALON, CORP.**

Certificate of Status	0
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To Whom It May Concern:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, LEONEL A CHACIN , President GUI-LEON BEAUTY SALON, CORP. have no intention of reinstating the mentioned corporation therefore; I release the name for to another entity.

Should you need additional information, please do not hesitate to inform me.



Leonel A Chacin

Sworn to and subscribed before me this Tuesday, 02/07/2011



Notary at Large



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

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ARTICLE I NAME

The name of the corporation shall be: GUI-LEON BEAUTY SALON, CORP.

11 FEB -8 AM 11:21

ARTICLE II PRINCIPAL OFFICE

Principal street address
20161 NW 67TH AVE SUITE A-B
HIALEAH FL 33015

Mailing address, if different
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHACIN LEONEL A PRESIDENT
Address: 20161 NW 67TH AVE SUITE A-B
HIALEAH FL 33015

Name and Title: _____
Address: _____

Name and Title: RACHID GUILLERMO A VICEPRESIDENT
Address: 20161 NW 67TH AVE SUITE A-B
HIALEAH FL 33015

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: CHACIN LEONEL A
Address: 20161 NW 67TH AVE SUITE A-B
HIALEAH FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHACIN LEONEL A
Address: 20161 NW 67TH AVE SUITE A-B
HIALEAH FL 33015

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

02/07/2011

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

02/07/2011

Date