P11000023448

(Requestor's Name)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
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2011 HAR ~4 PN 4: 41

RECEIVED

E Burch MAR 1 0 2011

COVER LETTER

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

SUBJECT: BEYOND SALON AND CAREER CENTER INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: SANDRA ROSARIO	e (Printed or typed)
980 E. OSCEOLA PARK	Address
KISSIMMEE, FL 34744	State & Zip
407-201-2488 Daytime T	elephone number
SANDRAROSARIO1124 E-mail address: (to be used	@live.com d for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2011

RECEIVED MAR - # 2000

SANDRA ROSARIO 980 E OSCEOLA PKWY KISSIMMEE, FL 34744

SUBJECT: BEYOND SALON Ref. Number: W11000006750

We have received your document for BEYOND SALON, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent	
Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 911A00002937

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

FILED

ARTICLE I	NAME Beyond Salon and Care	eer Center INC	2011 MAR -4 PM 4: 41
The name of the co	orporation shall be:	oor contor into.	SECURITION STATE
ARTICLE II	PRINCIPAL OFFICE		TÄLLAUD SIES, EL CAIDA
	Principal street address	Mailir	ng address, if different is:
	980 E. Osceola Parkway		-
	Kissimmee, FL 34744		
ADMICI IT ITT	PLEDOCE		
ARTICLE III The nurnose for v	which the corporation is organized is:		
	on and Career Center INC. is a hair sa	alon which offers s	ervices to enhance the
	of both male and female. Services wi		
• •	, blow dry, styling, manicures and pe		•
	erapy, make-up and permanent make		
····accage ····c	mapy, mane up and permanent mane	ap, body and table	ar waxing and barboning.
ARTICLE IV	SHARES ares of stock is: 100		
i ne number of saa	ires of stock is: 100		
	INITIAL OFFICERS AND/OR DIRECTOR		
Name and 1 Address:	Pitle: Sandra Rosario/ President	Name and Title:	
Address.	980 E. Osceola Parkway Kissimmee, FL 34744	Address:	
	MSSIDITIEE, FL 34744		
Name and T	itle: Zaida Hernandez/ Vice President	Name and Title:	
Address:	980 E. Osceola Parkway	Name and Thic	
114411557	Kissimmee, FL 34744		
		-	
Name and T	îtle:	Name and Title:	
Address:			
		-	
	REGISTERED AGENT		
The <u>name and Flo</u> Name:	orida street address (P.O. Box NOT acceptable) of Kathy Jackson Blount		
Address:	2400 Abby Dr.	_	
	Kissimmee, FL 34744		
4 D.M.G. D	·	_	
	INCORPORATOR		
Name:	dress of the Incorporator is: Sandra Rosario		
Address:	900 E. Osceola Parkway	_	
. 1001000	Kissimmee, FL 34744	- 	
Havina haan nam	ed as registered agent to accept service of proces	es for the above stated as	reparation at the place decimated in
	m familiar with affd accept the appointment as reg		
Y ₂	1 6		
Don	ha /		2/14/2011
*	Required Signature/Registered Agent		Date
submit this docu	ument and affirm that the facts stated herein are	true. I am aware that i	the false information submitted in a
locument to the D	epartment of State constitutes a third degree felon	y as provided for in s.81	7.155, F.S.
b.	A K		2/14/2014
\$ AN	Required Signature/Incorporator		2/14/2011 Date