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STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FL 32304

2011 MAR 21 PM 1:55

FILED

J. Shivers MAR 23 2011

611-10962
691

COVER LETTER

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

SUBJECT: Class A Looks 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 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☒ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Alesia Armstrong

Name (Printed or typed)

1030 NW 196th St

Address

Miami, FL 33169

City, State & Zip

786-306-1420

Daytime Telephone number

classalooks@gmail.com

E-mail address: (to be used for future annual report notification)

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Class A Looks Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1030 NW 196th St
Miami, FL 33169

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is for a for-profit mobile hairstyling and cosmetology service provider.

ARTICLE IV SHARES

The number of shares of stock is: ~~Not~~ Authorizing 1,000,000 Shares."

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alesia Armstrong - President
Address: 1030 NW 196th St
Miami, FL 33169

Name and Title: Alesia Armstrong - Treasurer
Address: 1030 NW 196th St
Miami, FL 33169

Name and Title: _____
Address: _____

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:

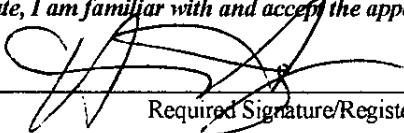
Name: Alesia Armstrong
Address: 1030 NW 196th St
Miami, FL 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alesia Armstrong
Address: 1030 NW 196th St
Miami, FL 33169

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

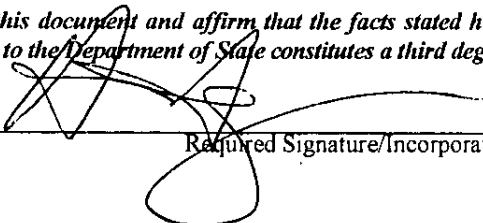


Required Signature/Registered Agent

02/17/2011

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

02/17/2011

Date

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TALLAHASSEE, FL 32304