## P1100007/840

| (Re                                     | questor's Name)    |             |  |  |
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| (Ad                                     | ldress)            |             |  |  |
|   |                    |             |  |  |
| (Address)                               |                    |             |  |  |
|   |                    |             |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)        |  |  |
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| PICK-UP                                 | MAIT               | MAIL        |  |  |
|   |                    |             |  |  |
| (Business Entity Name)                  |                    |             |  |  |
|   |                    |             |  |  |
| (Do                                     | cument Number)     |             |  |  |
|   |                    |             |  |  |
| Certified Copies                        | Certificates       | s of Status |  |  |
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| Special Instructions to Filing Officer: |                    |             |  |  |
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## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

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OCEAN PROMISE DIVISION OF CORPORATIONS TALL SHASSEE, FLORIDA

|                               | Office Use Only                                 |   |  |
|-------------------------------|---|---|--|
| CORPORATION NAME(S) & DOCUM   | MENT NUMBER(S), (if known):                     | • |  |
| 1. D HAIR ST                  | UDIO, INC                                       |   |  |
| (Corporation Name)            | (Bocument #)                                    |   |  |
| 2                             |   |   |  |
| (Corporation Name)            | (Document #)                                    |   |  |
| 3                             |   |   |  |
| (Corporation Name)            | (Document #)                                    |   |  |
| 4.                            | <u> </u>  |   |  |
| (Corporation Name)            | (Document #)                                    |   |  |
| Walk in Pick up time          | 2.06  |   |  |
| Mail out Will wait            | Photocopy                                       |   |  |
| NEW FILINGS                   | AMENDMENTS                                      |   |  |
|                               |   |   |  |
| Profit Not for Profit         | Amendment Resignation of R.A., Officer/Director |   |  |
| Limited Liability             | Change of Registered Agent                      |   |  |
| Domestication Other           | Dissolution/Withdrawal Merger                   |   |  |
| OTHER EN BIGG                 |   |   |  |
| OTHER FILINGS                 | REGISTRATION/QUALIFICATION                      |   |  |
| Annual Report Fictitious Name | Foreign Limited Partnership                     |   |  |
|                               | Reinstatement                                   |   |  |
|                               | ☐ Trademark ☐ Other                             |   |  |
|                               |   |   |  |
|                               | Examiner's Initials                             |   |  |

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

| The name of the corp                          | VAME D HAIR STUDIO, INC  |  |  |
|---|--|--|--|
| 68<br>Ml                                      | PRINCIPAL OFFICE Principal street address 80 WEST FLAGLER ST AMI ORIDA 33144   | 6880 WEST FLAG   | ss, if different is: LER ST                    |
| ARTICLE III P                                 | URPOSE ch the corporation is organized is:   |  |  |
| The number of shares                          | <i>HARES</i><br>of stock is:100 SHARES @ 1.00 per  |  | TH AUG TO AH SECRETARISSEE                     |
|   | <u>NITIAL OFFICERS AND/OR DIRECTO</u><br>::PRESIDENT BERNAL, DANAIE  |  | E ST SE  |
| Address:                                      | 6880 WEST FLAGLER ST<br>MIAMI<br>FLORIDA 33144   | Address:   |  |
| Name and Title<br>Address:                    |  | Address:   |  |
| Name and Title<br>Address:                    |  | Name and Title: Address:   |  |
|   | EGISTERED AGENT  a street address (P.O. Box NOT acceptable) of BERNAL, DANAIE  6880 WEST FLAGLER ST MIAMI, FL 33144                        | of the registered agent is:  |  |
| ARTICLE VII IN                                | VCORPORATOR  | _  |  |
|   | ss of the Incorporator is:  BERNAL, DANAIE  6880 WEST FLAGLER ST  MIAMI, FL 33144  |  |  |
| Having been named this certificate, I din for | as registered agent to accipit service of proce  | ss for the above stated corporation gistered agent and agree to act in   | on at the place designated in<br>this capacity |
|   | to see   |  | 08/09/2011                                     |
| I submit this docume<br>document to the Repa  | Required Signature/Registered Agent<br>int and affirm that the facts stated herein ar<br>artment of State constitutes a third degree felor | e true. I am aware that the false<br>ny as provided for in s.817.155, F. | Date information submitted in a S.             |
|   | ( )  |  | 08/09/2011                                     |
| <u> </u>                                      | Required Signature/Incorporator  | <del></del>  | Date   |