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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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
 Account Number : 075350000353
 Phone : (212) 431-5000
 Fax Number : (212) 431-1441

****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
ZAREEN'S BEAUTY PARLOUR INC.

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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8/18/2011

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 TALLAHASSEE, FLORIDA

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

ARTICLE I NAME Zareen's Beauty Parlour Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1152 ANNE ELISA CIRCLE
ST. CLOUD FL 34772

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to transact any and all lawful purposes for which a corporation may be formed

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>ZAREEN KHAN-MOHAMMED (Director)</u>	Name and Title: <u>YAMEEN MOHAMMED (Director)</u>
Address: <u>12 MAINGOT TRACE</u>	Address: <u>12 MAINGOT TRACE</u>
<u>CASSIDY GATES, FREEPORT</u>	<u>CASSIDY GATES, FREEPORT</u>
<u>TRINIDAD AND TOBAGO</u>	<u>TRINIDAD AND TOBAGO</u>

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
Address: 515 EAST PARK AVE
TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Arae Rivera c/o BlumbergExcelsior, Inc.
Address: 62 White Street, 2nd Floor
New York, NY 10013

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

José Mojica

Assisted SECY

Required Signature/Registered Agent

08/18/2011

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.

A. Rivera
Required Signature/Incorporator

08/18/2011

Date

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