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(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	v



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COVER LETTER

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

SUBJECT: Expressions Salon Spa, 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
ADDITIONAL C	Status OPY REQUIRED

FROM: Duvis E. Jimenez

Name (Printed or typed)

4095 Cocoplum Circle

Address

Coconut Creek, Florida 33063 City, State & Zip

(954) 895-5578

Daytime Telephone number

expressionssalonspa@ymail.com E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

APPInum AND FILED

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

ARTICLE I NAME

The name of the corporation shall be: Expressions Salon Spa, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address 4095 Cocoplum Circle Coconut Creek, FL 33063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Beauty Salon & Spa

M SEP 19 AM 11:01

SECRETARIT OF STATE TALLAHASSEE, FLORIDA Mailing address, if different is:

ARTICLE IV SHARES

The number of shares of stock is:100- Duvis E Jimenez

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Ti Address:	tle:Duvis E Jimenez- President 4095 Cocoplum Circle Coconut Creek, FL 33063	Name and Title: Address:	
Name and Tin Address:	ile: Ivan Perez- Vice President 3564 N.University Drive Coral Springs, FL 33065	Name and Title:Address:	
Name and Tit Address:	tle: Jorge I Jimenez- Manager 4095 Cocoplum Circle Coconut Creek, FL 33063	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:	Duvis E. Jimenez
Address:	4095-Cocoplum Circle
	Coconut Creek, FL 33063

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:				
	Name:	Duvis E. Jimenez		
	Address:	4095 Cocoplum Circle		
		Coconut Creek, FL 33063		

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

08/27/2011

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.

unature/Incorporator Keauired

08/27/2011 Date

Date