## P12000013550

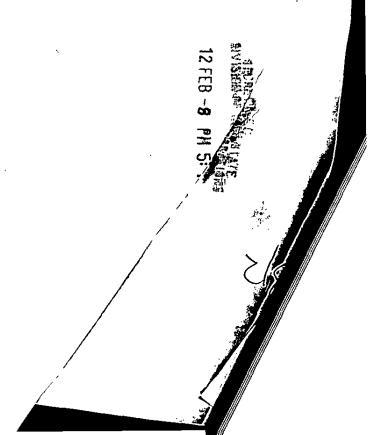
(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)				
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)				
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)				
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)				
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)				
(Business Entity Name)  (Document Number)				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
openial medication to rining directi.				
1				
1				





900220363309

02/08/12--01019--017 \*\*70.00



## **COVER LETTER**

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

SUBJECT: M Z BEAUTY SUPPLY INC				
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )			
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:			
\$70.00 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED			
	ADDITIONAL COLL REQUIRED			
FROM: ZANABA MAN	ET .			
Nam	e (Printed or typed)			
1400 NW 192N	ID STREET			
•	Address			
MIAMI FLORII	DA 33169			
City	, State & Zip			
305 733 2861	P-1			
Daytime	Telephone number			
ZANABAMANET(	OGMAIL.COM ' ed for future annual report notification)			

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)

RTICLE I	NAME M Z BEAUTY SUPPLY	'INC	
he name of the co	orporation shall be:		
RTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing ad	dress, if different is:
	1400 NW 192ND STREET		
1	MIAMI FLORIDA 33169		
	NITHROGE		
RTICLE III	vhich the corporation is organized is:		
	THE RETAIL BEAUTY		
	WITH THE NEEDED MATERIAL.		
NDUSTRE	WITH THE NEEDED MATERIAL.		
RTICLE IV			
ne number of sha	res of stock is:100 SHS		
RTICLE V	INITIAL OFFICERS AND/OR DIRECTO	DRS	
Name and T	itle: ZANABA MANET - PRESIDENT	Name and Title:	
Address:	1400 NW 192ND STREET		
	MIAMLELORIDA 33169		
Name and T	Fitle: JONATHAN MANET - OFFICER	Name and Title	
Address:	1400 NW 192ND STREET		
Addiess,	MIAMI FLORIDA 33169		
	WIAWII I CONDA 33 109	<del></del>	
	2.1		
Name and I	Title:	Name and Title:	
Address:			
RTICLE VI	REGISTERED AGENT		
he <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable)		2 £ 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Name:	JONATHAN MANET - AGENT	<del></del>	(B) (B)
Address:	1400 NW 192ND STREET	<del></del>	
	MIAMI FLORIDA 33169	<del></del>	<b>Co</b>
	·		20 mg 1.24
	<u>INCORPORATOR</u>		
	Idress of the Incorporator is:		က် 🚅
Name:	JONATHAN MANET		
Address:	1400 NW 192ND STREET	<del></del>	9
	MIAMI FLORIDA 33169		***
Iavina heen nas	ned as registered agent to accept service of proc	cess for the above stated corno	ration at the place designated
nis certificate, I	an familiar with and accept the appointment as r	registered agent and agree to a	ct in this capacity
,			• •
	Torothan Waget		01/23/12
	Required Signature/Registered Agent		Date
الماد المسامات	,	nea tensa. I ama annona that the	false information submitted in
SUDMU THIS doc	cument and affirm that the facts stated herein a Department of State constitutes a third degree fel	ire irue. i um uwure inui ine Jony os provided for in s X17 14	jaise injornation savmittea in 15. F.S.
ocument to tile i A	Бераниет ој ъше сопишиет и та и агугее јег	ony ao provinca jor in 3017-13	v) + 121
/\	anthi Mout		01/23/12
	Peguired Signature (Incorporator		Date