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(Requestor's Name)
(oquesto, e , i.e., i.e.,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
_
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

2053-1013

W1300005274



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COVER LETTER

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

. . .

SUBJECT: South Florida Salon Group, Inc.	
(PROPOSED CORPORATE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an original and one (1) copy of the articles of incorporation and \$70.00	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: Abed Ayesh Name (Printed or typed)	
22 CUMBERLAND AVE	
TOTOWA, NJ 07512 City, State & Zip	SECHCT NVISICALD 12 FEB
(718) 729-7793 Daytime Telephone number	FILED ARY OF 1 13 PM 1
abe@atmw.com E-mail address: (to be used for future annual report in	% RAI 3

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



January 27, 2012

ABED AYESH 22 CUMBERLAND AVENUE TOTOWA, NJ 07512

SUBJECT: SOUTH FLORIDA SALON GROUP, INC.

Ref. Number: W12000005274

We have received your document for SOUTH FLORIDA SALON GROUP, INC. and your check(s) totaling \$87.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 412A00002659

JIVISICY OF CORPORATION

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 28, 2011

ABED AYESH 22 CUMBERLAND AVENUE TOTOWA, NJ 07512

SUBJECT: SOUTH FLORIDA SALON GROUP, INC.

Ref. Number: W11000064050

We have received your document for SOUTH FLORIDA SALON GROUP, INC. and your check(s) totaling \$87.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filling fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 211A00028743

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ARTICLES OF INCORPORATION

មិលនីប៉ា NS

ARTICLE I	South Florida Salon	SECRETARY OF S Group, Inc. NVISION OF CORPOR	TATE
The name of the con	poration shall be:	Sloup, Inc.	MIL
ARTICLE II	PRINCIPAL OFFICE	12 FEB 13 PM 1	: 33
	Principal street address	Mailing address, if different is:	
	IO Washington Avenue. #2409 jami Beach, FL 33139		
_			—
ARTICLE III P			
Any and all lav HAIR SALON			
ARTICLE IV			
The number of share	s of stock is: 200		
	INITIAL OFFICERS AND/OR DIRECTO		
	c:ABED AYESH, President	Name and Title:	
Address:	22 CUMBERLAND AVE		
	TOTOWA, NJ 07512		
Name and Tid		Name and Title:	
Address:	G:	Address:	
Name and Titl	•	Name and Title:	
Address:		Address:	
			
ARTICLE VI	REGISTERED AGENT		
	da street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Omid Lari		
Address:	110 Washington Ave, #2409 Miami Beach, FL 33139		
ARTICLE VII	INCORPORATOR		
The <u>name and addr</u>	ess of the Incorporator is:		
Name:	ABED AYESH		
Address:	22 CUMBERLAND AVE TOTOWA, NJ 07512	_	
	i as registered agent to accept service of proc	 ess for the above stated corporation at the place designa	uted in
		egistered agent and agree to act in this capacity	
	la -	2/10/1	¬

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 Pepartment of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

Required Signature/Registered Agent

Date