P12000087479

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
		:		
		_		
Office Head Only				



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10/15/12--01006--011 **78.75

W2-5-56-6

IO ACKHOWLEDGE SUFFICIENCY OF FILING DEPARTHENT OF STATE

FILED

2 OCT 16 PM 4:

CRETARY OF STA

10/17/12

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

	Office Use Only	
^ .	UMENT NUMBER(S), (if known):	
AMIRA BEA	My Supply, INC.	
(Corporation Name)	(Document #)	
,		
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
Walk in Pick up time	2.00	
Mail out Will wait	Photocopy Certificate of State	
MIII WAIT	r noticopy extract of State	
VEW FILINGS	<u>AMENDMENTS</u>	
Profit	☐ Amendment	
Not for Profit	Resignation of R.A., Officer/Director	
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal	
Other	☐ Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership	
	Reinstatement Trademark	

Examiner's Initials

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 16, 2012

LAZARUS

SUBJECT: AMIRA BEAUTY SUPPLY, INC.

Ref. Number: W12000052858

NOT ALL CAUGU TO ACKNOWLEDGE SUFFICIENCY OF FILING 2012 OCT 16 PN 2:57

We have received your document for AMIRA BEAUTY SUPPLY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

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 filing 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) 245-6052.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 512A00025416

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

ARTICLE I The name of the corp	NAME poration shall be:	AMIRA BEAUTY SUPPLY, INC.		
ARTICLE II	PRINCIPAL OFFICE			
18	Principal <u>street</u> address 3901 S. DIXIE HWY #110		dress, if different is:	
<u>М</u> —	AMI, FLORIDA 33157			
ARTICLE III F			\$ 6 F	
	ich the corporation is organized is: LEGAL BUSINESS	:	PH to Og	
ARTICLE IV S The number of share	SHARES s of stock is: 600 SHARES C	OMMON STOCK \$1.00 PAR V	ALUE	
ARTICLE V	NITIAL OFFICERS AND/OR	DIRECTORS		
Address:	e:AHMAD NASER 14521 SW 37TH STREE MIRAMAR, FL 33027	7 Address:		
Name and Titl Address:				
Name and Titl Address:	e:	Name and Title:		
	REGISTERED AGENT da street address (P.O. Box NOT AHMAD NASER 14521 SW 37TH STRE MURHMARFLORID			
ARTICLE VII	NCORPORATOR			
	ess of the Incorporator is: AHMAD NASER 14521 SW 377H STA MIRAMAR, FLORIDA			
Having been named this certificate, I am	as registered agent to accept serv familiar with and accept the appoin	ice of process for the above stated corpor ntment as registered agent and agree to ac	ration at the place designated in t in this capacity	
- Mr	M me_		10-10-12	
	Required Signature/Registere	ed Agent		
I submit this document to the Den	ent and affirm that the facts state	ed herein are true. I am aware that the f depree felony as provided for in s.817.159	alse information submitted in a	

Required Signature/Incorporator

10-10-12 Date