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## FLORIDA PROFIT/NON PROFIT CORPORATION SALON ELLA CORP

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#5227-IL-ED 2/004
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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# ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation Under the Florida Business Corporation Act, Hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SALON ELLA CORP

ARTICLE II PRINCIPAL OFFICE

Principal place of business and mailing address of this corporation shall be:

11128 Hannaway Dr. River View F1 33578

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized have Outstanding at any one time is: 500 dhares value of \$ 1.00

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ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS. The name and addresss of the initial registered agent is;

Elaine Martinez 11128 Hannaway Dr River View Fl 33578

Enforz.

#### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) if incorporator(s) to these Article of Incorporation is (are)

Elaine Martinez 11128 Hannaway Dr River view Fl 33578

#### ARTICLE VI DIRECTORS

The name(s) and the street address(es) of the director(s) these Articles of Incorporation is (are)

Elaine Martinez 11128 Hannaway Dr River View Fl 33578

The undersigned incorporator(s) has (have) executed these Articles of Incorporation in 25 day of Pebruary . 20 13

Elaine Martinez

SECRETARY OF STATE DIVISION OF CORPORATIONS

13 MAR -6 AM 11: 10

H13000032084

### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of the sections 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the States of Florida, Submits the following statement in designating the registered office/

Registered agent, in	the State Florida
1 - The name of the	corporation is:
SAI	ON ELLA CORP
2 The name and a	dress of the registered agent and office is
ELAINE	MARTINEZ
Name 11128 £	lannaway Dr
P.O.Box not accepta	ble
Rive	er View Pl 33578
City State Zip	
ABOVE STATED CORPO	S REGUSTERED AGENT AND TO ACCPT SERVICE OF PROCESS FOR THE PRATION AT THE PLACE DESIGNATED IN THIS CERTIFICATED, I HEREE MENT AS REGISTERED AGENT AND AGREE TO ACT IN THIE CAPACITY

ΗE 3**Y** AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AN ACCEPT THE OBLIGATIONS OF MY POSITION AS REG

25 day of february 20 13

H13000652004