

**P/300086116**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

13 OCT 21 AM 10:21  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**FLORIDA PROFIT/NON PROFIT CORPORATION****mijor hair design inc**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$78.75 |

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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*[Handwritten Signature]*  
10/22/13

H13000732454

**COVER LETTER**

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

**SUBJECT: MIJOR HAIR DESIGN 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  
Status

**ADDITIONAL COPY REQUIRED**

**FROM: MARIA C MAGARINO**

Name (Printed or typed)

**2200 SW 9TH AVENUE**

Address

**MIAMI FL 33129**

City, State & Zip

**305-469-1354**

Daytime Telephone number

**MMagarinoAcc@aol.com**

E-mail address: (to be used for future annual report notification)

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

H13000732454

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 OCT 21 AM 10:21

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

**ARTICLE I NAME**  
The name of the corporation shall be: MIJOR HAIR DESIGN, INC.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 3140 NW 99 Street  
Miami, FL 33147.  
Mailing address, if different is: 3140 NW 99 STREET  
MIAMI FL 33147

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: BUSINESS

**ARTICLE IV SHARES**  
The number of shares of stock is: 100 SHARES 1.00 PER VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

|                 |                           |                 |                                      |
|-----------------|---------------------------|-----------------|--------------------------------------|
| Name and Title: | <u>Miguel Morejon P/T</u> | Name and Title: | <u>JORGE A CHECHI VICE-PRESIDENT</u> |
| Address:        | <u>3140 NW 99 STREET</u>  | Address:        | <u>7921 W DR APT 4</u>               |
|                 | <u>MIAMI FL 33147</u>     |                 | <u>NORTH BAY VILLAGE</u>             |
|                 |                           |                 | <u>FL 33141</u>                      |

|                 |       |                 |       |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address:        | _____ | Address:        | _____ |
|                 | _____ |                 | _____ |
|                 | _____ |                 | _____ |

|                 |       |                 |       |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address:        | _____ | Address:        | _____ |
|                 | _____ |                 | _____ |
|                 | _____ |                 | _____ |

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(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

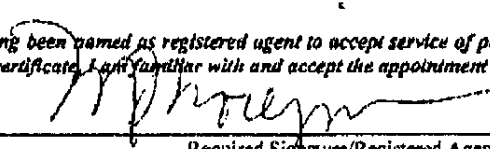
Name: MIGUEL MOREJON  
Address: 3140 NW 99 STREET  
MIAMI FL 33147

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

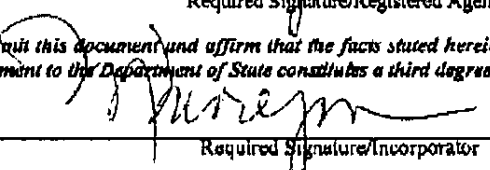
Name: MIGUEL MOREJON  
Address: 3140 NW 99 STREET  
MIAMI FL 33147

*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

10/18/2013  
Date

*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.*

  
Required Signature/Incorporator

10/18/2013  
Date

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