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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
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14 JAN 16 PM 2:27
STATE
DIVISION OF CORPORATIONS
FLORIDA

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION ITALIAN HAIR COLOR CONCEPT, INC.

Certificate of Status	0
Certified Copy	1
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69380

ref/1/28/14

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UND 1/29



January 17, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: ITALIAN HAIR COLOR CONCEPT, INC.
REF: W14000003558

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

FAX Aud. #: H14000012529
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P.O BOX 6327 - Tallahassee, Florida 32314

RECEIVED
14 JAN 28 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

414000012529

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:
ITALIAN HAIR COLOR CONCEPT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
800 NE 199 STREET, APT. 201D
MIAMI, FL 33179

Mailing address, if different is:

16 JAN 16 PM 2:27
DEPT. OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LEGAL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ENRICO SACCHI/PRESIDENT
Address: 800 NE 199 STREET, APT. 201D
MIAMI, FL 33179

Name and Title: FRANCO MARIANELLA/VP-TREAS.
Address: 800 NE 199 STREET, APT. 201D
MIAMI, FL 33179

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

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

Name: ENRICO SACCHI
Address: 800 NE 199 STREET, APT. 201D
MIAMI, FL 33179

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: ENRICO SACCHI
Address: 800 NE 199 STREET, APT. 201D
MIAMI, FL 33179

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

01/15/14
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

01/15/14
Date

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