

07/27/2017

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#1917 P.001/004

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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
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**\*\*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  
CAMILA'S SALON, INC.**

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

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14 SEP 15 12:35

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9-15-14

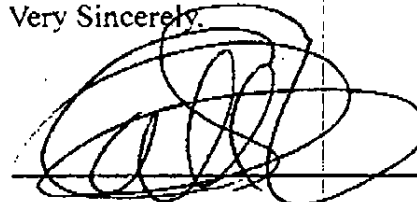
Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of CAMILA'S SALON, Inc. of Doc # P12000008162 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

A handwritten signature in dark ink, consisting of several overlapping loops and a horizontal line at the bottom.

SEP 15 PM 12:57

RECEIVED  
DIVISION OF CORPORATE AFFAIRS

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

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**ARTICLE I NAME:** The name of the corporation is:

CAMILA'S SALON, Inc.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1546 SW 27 ave  
Miami FL 33145

**ARTICLE III SHARES:** The number of shares of stock is:

2000

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

CAMILA Barranco (PD)  
Ramon Hernandez (V)  
10820 SW 47 Terr.  
Miami FL 33165

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Camila Barranco  
10820 SW 47 Terr.  
Miami FL 33165

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Camila Barrenco  
10820 SW 47 Terr.  
Miami FL 33165

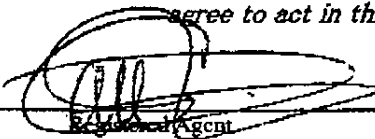
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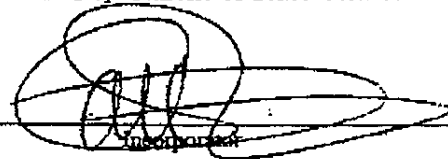
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Required Signatures:

*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*

  
\_\_\_\_\_  
Registered Agent9-11-14  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Incorporator9-11-14  
\_\_\_\_\_  
Date

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