P14000/02337

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL			
(Business	Entity Name)			
(Document Number)				
Certified Copies C	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only

W1400072939

DEC' 3 0 2014 T. SCOTT



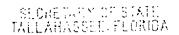
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RECEIVED

14 DEC 29 PM 2:00





FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2014

MILAYNE DOMINGUEZ 5586 W FLAGLER ST MIAMI, FL 33143

SUBJECT: MILY BEAUTY SALON FULL SERVICE, INC.

Ref. Number: W14000072939

Effective date January 15+2015

We have received your document for MILY BEAUTY SALON FULL SERVICE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The incorporator needs to sign.,

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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 414A00025800

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 * Effective Date January 1st, 2015

SUBJECT: Mily Beauty Salon Full Service, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		

FROM:	Milayne Dominguez			
i no	Name (Printed or typed)			
	5586 W.Flagler St.			
	Address			
	Miami,Florida 33143			
	City, State & Zip			
	786-218-5178			
	Daytime Telephone number			
	fmilayne@aol.com			
	786-218-5178 Daytime Telephone number			

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

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

The name of the corpora	Mily Beauty Salon	Full Service ,Inc.		
ARTICLE II PRI	NCIPAL OFFICE Principal street address er St.	Mailing addre	Mailing address, if different is:	
Miami ,Florida				
ARTICLE III PUR The purpose for which t	POSE he corporation is organized is: Full Se	rvice Beauty Salor	٦.	
ARTICLE IV SHA The number of shares of	IRES stock is: 100 @ \$1.00		14 DEC 29 PH	
	TIAL OFFICERS AND/OR DIRECTOR Milayne Dominguez Pres.		30	
Address	5586 W. Flagler St. Miami,Florida 33143	Address:		
Name and Title:				
Address		Address.		
Name and Title:				

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		,
	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	→ ₩
Name:	Milayne Dominguez		030 4
Address:	5586 W. Flagler St.		29
	Miami, Florida 33143		70 mg
			19 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
ARTICLE VII	INCORPORATOR		30
The name and ad	dress of the Incorporator is:		rat,
Name:	Milayne Dominguez		
Address:	5586 W. Flagler St.		
	Miami,Florida 33143		
this certificate, I a	ned as registered agent to accept service of process im familiar with and accept the appointment as regi	for the above stated corporation at the plo istered agent and agree to act in this capac	ice designated in ty
1	Mal	12/6	78/2014
	Required Signature/Registered Agent		Date
I submit this doci	iment and affirm that the facts stated herein are i Department of State constitutes a third degree felony	true. I am aware that the false information	on submitted in a
·		, /	12/5/14
7	Required Signature/Incorporator		Date Date
	, redailed a Bratist a tracel between		7