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(Re	equestor's Name)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2015

MARJORIE J. MONTIEL 8545 SW 152ND AVE., APT 196 MIAMI, FL 33193-4106

SUBJECT: BEAUTY HAIR, INC. Ref. Number: W15000003100

We have received your document for BEAUTY HAIR, 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 document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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.

Letter Number: 615A00000903

Tyrone Scott Regulatory Specialist II New Filings Section

www.gunhiz are

COVER LETTER

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

SUBJECT:	JEHUT THAIR	, , , , , , ,	
	(PROPOSED CORPOR	RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the a	rticles of incorporation and	d 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 CO	
FROM:	MARJORIE Nar	フ. MON7/E	=
	8545 SW 16	52 N.D. AUE., Address	APT. 196
_	MIAMI FL	O Z/DA 33/9 y, State & Zip	13-4106
***********		247-4888	
	Daytime	Telephone number	

REMOTE MATE

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

MARJORIE. MONTIEL & YAHOO. COM. E-mail address: (to be used for future annual report notification)

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

CLE II PRINC	IPAL OFFICE				
Pr	ncipal <u>street</u> addre			Mailing address, if different	is:
545 SW	152 AUE	: AFT 196		<i>U/A</i>	
11AM1 =	FL 33/	193-4106			
ICLE III PURPO urpose for which the			AUTY HA	AIR SC RVIC	ES
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umber of shares of sto ICLE V INITIA Name and Title:	ck is: 10 LOFFICERS A MANUA 6	ER	Name and Title	MARJORIE 8545541	3 8 7 MON 7
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TCLE V INITIAL Name and Title: Address $ \underline{\mathcal{S}} $	LOFFICERS AS MANUA 6	ER 152 AUE APTIV96 (-33/93-	Name and Title: Address:	85455W) APT#196 MIAMI FL	J. MONT 152-AUC
Name and Title: Address	LOFFICERS AS MANUA 6 545 SW	ER 152 AUE APTIV96 (-33/93-	Name and Title: Address:	85455W) APT#196 MIAMI FL	J. MONT 152-AUC
Name and Title:	LOFFICERS AL MANUA 6 545 SW	ER 152 AUE APTIV96 (-33/93-	Name and Title Address: 4706. Name and Title	85455W/ APT#196	J.MON7 15244 1331934
Name and Title:	LOFFICERS AL MANUA 6 545 SW	ER 152 AUE APTIV96 C-33/93- N/A	Name and Title Address: 4706. Name and Title	85455W) APT#196 MIAMI FL	J.MON7 15244 1331934
Name and Title:	LOFFICERS AL MANUA 6 545 SW	ER 152 AUE APTI/96 -C 33/93- -N/A	Name and Title: Address: Name and Title: Address: Address:	85455W) APT#196 MIAMI FL	J.MON7 15244 1331934
Name and Title: Name and Title: Address Name and Title: Address	LOFFICERS AL MANUA 6 545 SW	ER 152 AUE APTIV96 C-33/93- N/A	Name and Title: Address: Name and Title: Address: Address:	85455W) APT#196 MIAMI FL	J.MON7 15244 1331934
Name and Title: Address Name and Title: Address Name and Title: Name and Title: Name and Title:	LOFFICERS AL MANUA 6 2545 SW	ER 152 AUE APTI/96 -C 33/93- -N/A	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	85455W) APT#196 MIAMI FL	J.MONT 15244 1331934

Name and Ti	tle:	A Name and Title:_	- N/A.
Address		Address:	
			
ARTICLE VI RI	EGISTERED AGENT		
•		Γ acceptable) of the registered agent	t is:
		J. MONTIEL 2 ND AVE #19	
			6
<u> 1</u>	MAMI FL 3	3193-4106	
ARTICLE VII IN	CORPORATOR		
The <u>name and addre</u>	ss of the Incorporator is:		
Name:	MARJORIE J	. MONTIEL	
Address:	8545 SW 152	NDAdE	
	AP#19	6 MIAMIFL3	3193-4406
		vice of process for the above state bintment as registered agent and a	
	Jarroll	1	12/08/2014
e e e e	Required Signature/Registe	•	Date
I submit this docume document to the Depa	ortment of State constitutes a this	fa digree selong as provided for in	that the false information submitted in a s.817.155, F.S. 12 68/2014
	Required Signature/Incor	porator	Date