

05/18/2016 15

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LAZARUS

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P16000043117

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000123420 3)))



H160001234203ABCT

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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
Fax Number : (305)675-5944

****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
MAGIC I BEAUTY SALON INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

16 MAY 18 PM 4:51

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

16 MAY 18 AM 11:18

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

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

#16000123420

ARTICLE I NAME: The name of the corporation is:

MAGIC I BEAUTY SALON INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

5701 SW 137 Ave

MIAMI, FL 33183

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

FARIDA AHAMED (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Farida Ahamed

5701 sw 137 Ave

Miami FL 33183

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

Farida Ahamed

5701 sw 137 Ave

Miami FL 33183

#16000123420

FILED
16 MAY 18 AM 11:16
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF MIAMI
STATE OF FLORIDA

H16000123420

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

Paida Ahmed

Registered Agent

05/18/16

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.

Paida Ahmed

Incorporator

05/18/16

Date

H16000123420