

AUG/23/2016/TUE 02:17 PM

FAX No.

P. 001

8/23/2016

Division of Corporations

P16000069675

Florida Department of State
Division of Corporations
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FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
CCB CLARO COLOR BEAUTY.EDU, INC.**

Certificate of Status	0
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AUG 24 2016

T. SCOTT

AUG/23/2016/TUE 02:17 PM

FAX No.

P. 002

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: CCB CLARO COLOR BEAUTY EDU, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

155 MAJORCA AVE

STE: 203

CORAL GABLES FL 33134

Mailing address, if different is:

1309 SW 78 PLACE

MIAMI, FL 33144

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FIDEL C. CLARO (D)

Address

1309 SW 78 PLACE

MIAMI, FL 33144

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: FIDEL C. CLARO
Address: 1309 SW 78 PLACE
MIAMI, FL 33144

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: FIDEL C. CLARO
Address: 1309 SW 78 PLACE
MIAMI, FL 33144

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

08/22/2016

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

08/22/2016

Date