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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone

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. **

| Esail | Address: | |
|-------|---|--|
| | ~~~ · · · · · · · · · · · · · · · · · · | |

FLORIDA PROFIT/NON PROFIT CORPORATION EBENEZER BEAUTY SALON BY DIANY INC

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

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Corporate Filing Menu

Help

DEC 2 1 2017

T. SCOTT

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ARTICLES OF INCORPORATION ARTICLES OF INCORPORATION

| In compliance with Chapter 607 and/or Chapter 621, F.S. (Floid) | 4 | i | |
|---|---|---------------|-------------|
| Effective pate 1/1/18 | | | |
| ARTICLE I NAME: The name of the corporation is: | | | |
| Ebenezerz Beauty Salon by Diany | Inc | <u>.</u> | |
| ARTICLE II PRINCIPAL OFFICE: | | | |
| The principal street address and mailing address is: | | | |
| 11865 8W 26 9t Jule C+35 | _ | | |
| mani FL 33175. | | • | |
| | _ | | |
| ARTICLE III SHARES: The number of shares of stock is: | | ÷ | |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: | | | |
| Rosalba R Maura (P) | | | |
| Mulion R Marin | | 76.3 77.1 | |
| | - <u> </u> | <u>ل</u> ن | |
| | • | Ö | |
| | ••• | A | 175 |
| | 会質 | ج | es. Maga |
| | 107 - 1 128 | 9.1 | |
| | | | |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADD | ress: | | |
| ARTICLE V INITIAL REGISTERED AGENT AND SIXEMENTS | l agent i | is: | |
| The name and Florida street address (PO Box not acceptable) of the registered | | | |
| Rosalba R Maura | | | |
| 11865 SW 26 ST SC | 21+6 | 2 C- | 35 |
| 11865 SW 26 St SI Miami FL 33175 | | | |
| ARTICLE VI INCORPORATOR: The name and address of the Incorp | orator | is: | |
| | • | • | |
| Rosalba K Maura | s oî | - 1-0 | (-35 |
| 11865 SW 26 ST | <u> </u> | | ~ ~J |
| Miami FL 331 | 12 | | |
| | | | |

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 Agent 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.

Date