

**P23000653106**

Florida Department of State

Division of Corporations  
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CORPORATIONS  
COMMERCIAL  
SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Capelli D'oro 5th Avenue Beauty, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FL

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*Car*

## 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 Capelli D'oro 5th Avenue Beauty, Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is

21-61 NE 68TH STREET APT 329

21-61 NE 68TH STREET APT 329

FORT LAUDERDALE, FL 33308

FORT LAUDERDALE, FL 33308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is SALON

ARTICLE IV SHARES

200

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leslie Correa, President

Name and Title:

Address

21-61 NE 68TH STREET APT 329

Address:

FORT LAUDERDALE, FL 33308

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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

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

Name	Leslie Correa
Address	21-61 NE 68TH STREET APT 329
	FORT LAUDERDALE, FL 33308

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is

Name	Leslie Correa
Address	21-61 NE 68TH STREET APT 329
	FORT LAUDERDALE, FL 33308

**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 days prior or 90 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*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

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DEPT OF STATE  
TALLAHASSEE, FL

Date