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FLORIDA DIVISION OF CORPORATIONS  
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TO: DIVISION OF CORPORATIONS

FAX #: (904) 922-4001

FROM: FAS-T CORP. AGENTS, INC.  
CONTACT: LIDIA FERNANDEZ  
PHONE: (305) 599-0839

ACCT#: 071001002335  
FAX #: (305) 716-0346

NAME: FAME CUTS, INC.

AUDIT NUMBER.....H97000007565

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..1

PAGES..... 3

CERT. COPIES.....0

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER 'M' FOR MENU. \*\*

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## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

FAME CUTS, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4896 N.W. 183 Street  
Miami, FL 33055

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500.00 @ 1.00 each

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BERTHA LEIVA  
20022 NW 65 CT  
Miami, FL 33015

Prepared by: Bertha Leiva  
20022 NW 65 Ct.  
Miami, FL 33015  
(305) 624-0028

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**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

**The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):**

BERTHA LEIVA  
20022 NW 65 CT  
Miami, FL 33015

Barbara Leiva  
20022 NW 65 Ct.  
Miami, FL 33015

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

30th day of APRIL, 19 97.

(An additional article must be added if an effective date is requested.)

x Bertha Leiva  
Signature

x Barbara Leiva  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: FAME CUTS, INC

2. The name and address of the registered agent and office is:

BERTHA LEIVA  
(NAME)  
20022 NW 65 CT  
(P.O. Box or Mail Drop Box ~~NOT~~ ACCEPTABLE)  
Miami, FL 33015  
(CITY/STATE/Zip)

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SECRETARY OF STATE

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

X. Bertha Leiva  
(SIGNATURE)

May 4, 1997  
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314