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To:

Division of Corporations  
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**

**MYRNA HAIR PLACE INC.**

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

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**ARTICLE OF INCORPORATION**

**OF**

MYRNA HAIR PLACE INC.

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

**ARTICLE I NAME**

The name of the corporation shall be: MYRNA HAIR PLACE INC.

The principal place of business of this corporation shall be:

7315 Miami Lakes Dr.  
Hialeah, Florida 33014

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:  $100 \times \$ 10.00 = \$ 1,000.00$

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

Prepared By: Basic Accounting Service 692 W. 29 St., #9  
Hialeah, FL 33012 (305) 887-4185

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

MYRNA M. HERNANDEZ  
6831 SW. 53 ST.  
Miami, Florida 33155

DIRECTOR

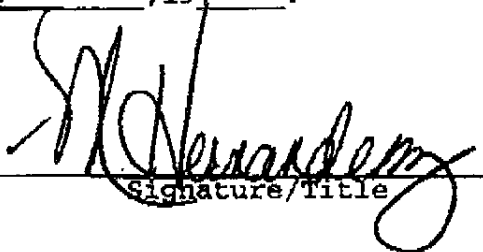
**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

MYRNA M. HERNANDEZ  
6831 SW. 53 ST.  
Miami, Florida 33155

PRESIDENT, SECRETARY & TREASURER  
100 shares

The undersigned has(have) executed these Article of Incorporation this 4 th. day of January, 1999.

  
\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

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

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: \_\_\_\_\_

MYRNA HAIR PLACE INC.

2. The name and address of the registered agent and office is \_\_\_\_\_  
Myrna M. Hernandez  
(Name)

6831 SW. 53 ST.

(P. O. BOX NOT ACCEPTABLE)

Miami, Florida 33155

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE \_\_\_\_\_

DATE 01-04-98

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