

**P99000089445**

## Florida Department of State

Division of Corporations

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## FLORIDA PROFIT CORPORATION OR P.A.

Salon Belle Liza, Inc.

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

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## **ARTICLES OF INCORPORATION**

### **ARTICLE I - NAME**

The name of the corporation shall be:

**Salon Belle Liza, Inc.**

### **ARTICLE II - PRINCIPAL OFFICE**

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

**3310 Bay to Bay Blvd. # 102  
Tampa, FL. 33629**

### **ARTICLE III - SALES**

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

**1,000,000      SHARES**

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**ARTICLE IV-INITIAL REGISTERED AGENT AND  
STREET ADDRESS**

The name(s) and street address (es) of the initial registered agent is:

**Lisa Esparza  
3310 Bay to Bay Blvd. # 102  
Tampa, FL. 33629**

**ARTICLE V – INCORPORATOR(S)**

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

**Lisa Esparza  
3310 Bay to Bay Blvd. # 102  
Tampa, FL. 33629**

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this  
27 nd day of September , 1999.  
(an additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Lisa Esparza

Notarization is not required

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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 : **Salon Belle Liza, Inc.**

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

**Lisa Esparza**  
**3310 Bay to Bay Blvd. # 102**  
**Tampa, FL. 33629**

*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 agrees 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.*

Lisa Esparza  
Lisa Esparza

10-6-99  
(Date)

**DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL. 32314**

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