

10/12/99

Atlantic Stamp

Requestor's Name

Address

City State ZIP Phone

VALIDATION ONLY

9000003012279-1
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*****78.75 *****78.75

CORPORATION(S) NAME

Splendor Beauty Salon, Inc.



Empire Toll Free: 1-800-432-3028

RE	CEIVED
9	OCT 12 AM 9 21
NEW YORK STATE	
DIVISION OF CORPORATIONS	
TALLAHASSEE, FLORIDA	

9	OCT 12 AM 11:31
SECRETARY OF STATE	
TALLAHASSEE, FLORIDA	

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<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> NonProfit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution	<input type="checkbox"/> Mark
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Reservation	<input type="checkbox"/> Change of Registered Agent
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photo Copies	<input type="checkbox"/> Certificate Under Seal
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input type="checkbox"/> Pick Up
		<input type="checkbox"/> Mail Out

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

AS/10

CR2E031 (R8-85)

ARTICLES OF INCORPORATION

OF

Splendor Beauty Salon, Inc.

These Articles are in compliance with Chapter 607, F.S.

39 OCT 12 AM 11:31
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I

The name of this corporation shall be:

Splendor Beauty Salon, Inc.

Article II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

Article III

The principal place of business and mailing address of this corporation shall be: 4790 NW 7th, suite 207
Miami, Fl, 33126

Article IV

The general nature of business of this corporation is to transact any and all lawful business.

Article V

The number of shares which this corporation shall have authority to issue is ¹⁰⁰ shares, having an individual par value of \$1.00
Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

Article VI

The name and street address of the initial Registered Agent of this corporation shall be:

Jiliana Dartazana

25 SW 136 st

Miami Fla 33184

Article VII

The initial board of Directors shall consist of a total of 2 person(s) and the name and address of the person(s) who are to serve as an initial director(s)

President Iliana Carrazana 25 SW 136 st Miami Fl 33184

Vice President Silfeedo Carrazana 25 SW 136 st Miami Fl 33184

Article VIII

The name and address of the incorporator executing these Articles of Incorporation is:

Iliana Carrazana 25 SW 136 st Miami Fl 33184

The undersigned has executed these Articles of Incorporation this 11 day of Oct, 1999.


Incorporator

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits, organized under the statement in designating the registered office/registered agent, in the state of Florida.

First that Splendor Beauty Salon, Inc.
(Name of Corporation)

desiring to organize under the laws of the State of FLORIDA
(Florida)

with its principal office, as indicated in the articles of

incorporation has named Ilaina Raddazana
(Name of Registered Agent)

located at 25 SW 136 ST

City of Miami County of Dade
(City) (County)

State of Florida, as its agent to accept service of process within this 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 THE 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.

SIGNATURE


Registered Agent

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TALLAHASSEE FLORIDA

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