

PG00090139

OFFICE SECOND (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

800003013498--7

-10/13/99--01035--015

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. HAIR SALON, INC.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)



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Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
99 OCT 13 AM 11:34  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
99 OCT 14 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/14

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

October 13, 1999

LAZARUS

MIAMI, FL

SUBJECT: HAIR SALON, INC.  
Ref. Number: W99000023605

We have received your document for HAIR SALON, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6933.

Teresa Brown  
Corporate Specialist

Letter Number: 099A00049445

RECEIVED  
99 OCT 14 PM 3:01  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## 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.*

FILED  
99 OCT 14 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

HAIR BEAUTY SALON, INC.

### ARTICLE II PRINCIPAL OFFICE

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

HAIR SALON, INC.

11387 SW 40 Street

Miami, Florida 33165

### ARTICLE III SHARES

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

2000 SHARES/100 EACH OWNER

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Julietta Alvarez

14052 SW 38 Terrace

Miami, Florida 33165

**ARTICLE V INCORPORATOR(S)**

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

Veronica Nieblās

9430 SW 37 Street

Miami, Florida 33165

## ARTICLE VI DIRECTOR(S)

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

Veronica Nieblas

9430 SW 37 Street

Miami, Florida 33165

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 12 day of October - 99.

**Signature**

**Signature**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 OCT 14 3:25

100

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

~~REGISTERED AGENT~~