FILED

99 OCT 25 PM 3: 37

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SEUKETARY OF STATE TALLAHASSEE, FLORIDA

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

**9**\$78.75

**☑** \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

8518 5-W. 857 Address

MIAMI FLORIDA 33140 City, State & Zip

NOTE: Please provide the original and one copy of the articles.

PH 10/26/8-5-

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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ARTICLE I NAME

The name of the corporation shall be:

SEVELARY OF STATE TALLAHASSEE, FLORIDA

THE BEAUTY FINANCING,

ARTICLE II PRINCIPAL OFFICE

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

8518 S.W. 85T. SUITE 1336 MIAMI, Fl. 33144

ARTICLE III SHARES

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

100 SHARES OF STOCK \$ 1.00 PER SHARE - PER STOCK

<u>INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and Florida street address of the initial registered agent are:

CARIDAD M. DE PRESAS

8518 S.W. 8 ST. SUITE 1336

MIAMI, F1. 33186

INCORPORATOR ARTICLE V

The name and address of the incorporator to these Articles of Incorporation are:

CARIDAD M. De PRESAS

SW 23 ST. MIAM

Signature/Incorporator

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

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,

Signature/Registered Agent