

PO0000057913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

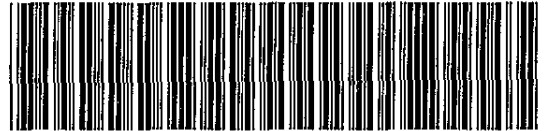
(Business Entity Name)

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TALLAHASSEE FLORIDA
STATE

gr 4/25/06



FRANCISCO MAYORQUIN

ACCOUNTANT
MAYORQUIN ACCOUNTING
4510 W. Hiawatha St.
Tampa, Fl.33614

Telephone 884-8103

April 21, 2006

2006 APR 24 AM 8:39
TALLAHASSEE FLORIDA

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Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sirs:

I am enclosing the Certificate of Incorporation for;

AMAZING HAIR SALON, INC

together with signed resident agent Form, for your approval
Also enclosed a check to cover expenses as required by the
State of Florida.

Check No. 163 for the amount of # 78⁷⁰

If additional information is needed regarding this matter,
please, let me know at your earliest convenience.

Respectfully

Francisco Mayorquin
Francisco Mayorquin
4510 W. Hiawatha St.
Tampa, Florida 33614

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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

Articles of Incorporation
Of
AMAZING HAIR SALON, INC.

The undersigned, for the purpose of forming a Corporation under the Florida General Act, does hereby adopt the following Articles of Incorporation:

Article I

The name of the Corporation is AMAZING HAIR SALON, INC.

Article II

The duration of the Corporation is perpetual.

Article III

The purpose for which the Corporation is organized are:

- A- To carry on and transact any lawful business.
- B- To acquire, own, use, convey, and otherwise dispose of and Deal in Real Property, and other personal property or any interest therein.
- C- To enter into any lawful arrangements for sharing profits and losses in any Of any transactions.

Article IV

The Corporation may issue (100) ONE HUNDRED of Voting Common Stock of Par value \$ 5.00 each Share with preemptive Rights preserved

Article V

The street address of the initial office of the Corporation is 15607 Timberline Dr. Tampa, Florida 33624

And the name of its initial Registered Agent is Amada Cardella
At 15607 Timberline Dr., Tampa, Florida 33624

Having been named as Registered Agent and accept service of process for the above stated Corporation at the place designate in this application, 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 relative 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's signature



AMADA CARDELLA

Article VI

The names and addresses of the initial Directors of the Corporation are:

Name		Address
Amada Cardella	President	15607 Timberline Dr. Tampa, Florida 33624
Jennifer Oves	Secretary	15607 Timberline Dr. Tampa, Florida 33624

Article VII

The names and addresses of the initial Officers of the Corporation are:

Name		Address
Amada Cardella	50 Shares	15607 Timberline Dr. Tampa, Florida 33624
Jennifer Oves	50 Shares	15607 Timberline Dr. Tampa, Florida 33624

Article VIII

The name and address of the Incorporator of this Corporation is:

Amada Cardella, 15607 Timberline Dr., Tampa Florida 33624

Amada Cardella
Signature/Incorporator

4/21/06
Date

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State of Florida
County of Hillsborough

Before me, a Notary Public duly authorized in the State of Florida and county named above to make acknowledgments, personally appeared

Personally known and known to me the person described as Incorporator in and who executed the foregoing Articles of Incorporation, and acknowledged before me that she executed the same and subscribed to these Articles of Incorporation, and who did take an Oath.

Witness my hand and official Seal in the County and State named above the

Francisco Mayorquin
Francisco Mayorquin
Notary Public, State of Florida

PERSONALLY KNOWN
OR PRODUCED IDENTIFICATION
TYPE OF IDENTIFICATION PRODUCED DRIVER LICENSE

