POOOOOOS9412

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

SUBJECT

PERMANENT GLAMOUR by CAROL D. TNC.

000003397210--0 -09/18/00--01145--013 *****78.75 ******78.75

Enclosed is an original and one copy (1) copy	y of the articles of incorporation and a check for:
	8.75

\$70.00 Filling Fee

\$78.75 Filling Fee & Certificate

\$78.75 Filling Fee & Certified Copy

\$87.50 Filling Fee Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM:

Carol DeSena 18862 NW 23 Avenue Pembroke Pines, Florida 33029 Phone (954) 431-0120 OO SES 18 AM 10: 28
SECRETARY STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the Article

Wax 9(20)

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.

> ARTICLE I NAME The name of the Corporation shall be:

PERMANENT GLAMOUR by CAROL D. , $\pm \sqrt{C}$.

ARTICLE II PRINCIPAL OFFICE

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

18862 NW 23 Avenue, Pembroke Pines, Florida 33029

ARTICLE III SHARES

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

One Thousand (1,000)

ARTICLE IV INTIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent is:

> Carol DeSena 18862 NW 23 Avenue, Pembroke Pines, Florida 33029

ARTICLE V INCORPORATOR

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

Carol DeSena 18862 NW 23 Avenue, Pembroke Pines, Florida 33029

Signature/Incorporator

Date 9-12-00

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

Having been named as registered agent and to accept service of process of 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 (and Defone

Date 9-12-00