TRANSMITTAL LETTER Attuent of a rision of Caraction.

Tarlahassee, FL 32314

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			-U//13/02010 *****78.75 *
SUBJECT:	Champu Salon II, Inc		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
			•
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	i a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee . & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	71 REQUIRED
FROM:	Wendy Spivey Name (Printed or typed)		
	7001 Tallow Tree Road		
		Address	
	Sanford, FL 327	71 State & Zin	· · · · · · · · · · · · · · · · · · ·

407-599-9990

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

Daytime Telephone number

X

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:

Champu Salon II, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7001 Tallow Tree Rd. Sanford, FL 32771

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Hair Salon

ARTICLE IV SHARES

The number of shares of stock is:

Authorized 100

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s), address(es) and title(s):

. Wendy Spivey 7001 Tallow Tree Road Sanford, FL 32771

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Wendy Spivey 7001 Tallow TreeRoad Sanford, FL 32771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Wendy Spivey 7001 Tallow Tree Road Sanford, FL 32771

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent