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COVER LETTER

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

SUBJECT: BYRD FINGERS HAIR DESIGNS II, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: DONNA JOANN BYRD
Name (Printed or typed)

2840 SW 162ND LANE
Address

OCALA, FL 34473
City, State & Zip

352-347-6420
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: **BYRD FINGERS HAIR DESIGN II, INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:
**2840 SW 162nd Lane
Ocala, FL 34473**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
This corp is organized with the purpose of providing hair design services.

ARTICLE IV SHARES

The number of shares of stock is: **10000 / NO PAR VALUE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
**JOANN BYRD President
2840 SW 162nd Lane
Ocala, FL 34473**

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JOANN BYRD
2840 SW 162nd Lane
OCALA FL 34973

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOANN BYRD
2840 SW 162nd Lane
OCALA FL 34973

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

Joann Byrd
Signature/Registered-Agent

3/25/08
Date

Joann Byrd
Signature/Incorporator

3/25/08
Date

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