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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-0821  
Fax Number : (850) 558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: chlynch@boylefirm.com

13 DEC 12 AM 9:05  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION  
OH MY GAUZE FRANCHISE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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COVER LETTER

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

**SUBJECT:** Oh My Gauze Franchise, 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:** Charles H. Lynch, Jr., Esq.  
Name (Printed or typed)  
110 Genesee Street, Suite 300  
Address  
Auburn, NY 13021  
City, State & Zip  
315-253-0326  
Daytime Telephone number  
chlynch@boylefirm.com  
E-mail address: (to be used for future annual report notification)

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

Fax Server  
3/009  
13 DEC 12 AM 9:05

**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: Oh My Gauze Franchise, Inc.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 2123-F Porter Lakes Drive  
Sarasota, FL 34240  
Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: To engage in any and all lawful business under the Florida corporation law.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 1,000  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Joy Mooney, President</u>	Name and Title:	_____
Address	<u>2123-F Porter Lakes Drive</u> <u>Sarasota, FL 34240</u>	Address:	_____ _____
Name and Title:	<u>Ken Mooney, Vice President</u>	Name and Title:	_____
Address	<u>2123-F Porter Lakes Drive</u> <u>Sarasota, FL 34240</u>	Address:	_____ _____
Name and Title:	<u>Jason Castilow, Operations Manager</u>	Name and Title:	_____
Address	<u>2123-F Porter Lakes Drive</u> <u>Sarasota, FL 34240</u>	Address:	_____ _____

(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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


Name: Corporation Service Company  
 Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

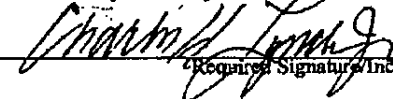
The name and address of the Incorporator is:

Name: Charles H. Lynch, Jr., Esq.  
 Address: 110 Genesee Street, Suite 300  
Auburn, NY 13021

*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*

By:  **Troy Todd** 12/12/13  
 Required Signature/Registered Agent as its agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

 12-12-13  
 Required Signature/Incorporator Date