# P99000094864

### TRANSMITTAL LETTER

700003025967--8 -10/27/99--01033--009 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

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

SUBJECT: <u>Lo</u>	ve'N Cuts (rroposed corpor	rate name - must include suff	ix)	<del></del>	
Enclosed is an origin	al and one(1) copy of the articles  \$78.75  Filing Fee  & Certificate of Status	s of incorporation and a cluster of the state of the stat	Status	9 OCT 27	FILED
FROM:	<u>Kathy Marek</u> Name (Pr	inted or typed)	FLORIDA	PH 4: 16	
		832 Pinchrook	<u></u>		
4	Venice, FL 34285 City, S	State & Zip	<u>-</u>		
	(941)485-9561 Daytime Te	lephone number		op 7	

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

## ARTICLÉS 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.
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#### ARTICLE I NAME

The name of the corporation shall be:

Love'N Cuts, Inc.

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AND SEER FI ORIGINA

#### ARTICLE II PRINCIPAL OFFICE

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

Noord sing 688.

Venice, FL 34285

#### ARTICLE III SHARES

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

1,000 Shares \$1.00 Par Value

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Kathy Marek

832 PINEBROOK

Venice, FL 34285

# ARTICLE V INCORPORATOR

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

Kathy Marek

932 PINEBROOK

Venice, FL 34285

Stonature Incorporator

102299

Date

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

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

102299

Date