

## 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.

FILED  
98 JUN 19 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

M.C.M. The Appearance People Inc.

### ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 06001

Safety Harbor, FL 34695

### ARTICLE III SHARES

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

ONE -

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Mark Heske

130 Coral Dr.

Safety Harbor, FL 34695

### ARTICLE V INCORPORATOR

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

Mark Heske

P.O. Box 06001

Safety Harbor, FL 34695

  
Signature/Incorporator

6-17-98

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

6-17-98

Date

P98000055392

TRANSMITTAL LETTER

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

SUBJECT: M.C.M. The APPEARANCE People Inc.  
(Proposed corporate name - must include suffix)

500002565505--6  
-06/19/98--01067--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Mark Heske  
Name (Printed or typed)

P.O BOX ~~0601~~ 0601  
Address

SAFETY Harbor FLA. 34695  
City, State & Zip

813-418-0250  
Daytime Telephone number

Mark Heske GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT ART. I - X  
DATE 6-22-98  
DOC. EXAM 4N

98 JUN 19 AM 10:19  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

4N 6-22-98