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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 922-4001

From: Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305) 358-2571
Fax Number : (305) 358-7832

FLORIDA PROFIT CORPORATION OR P.A.

09 SALON, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

O9 Salon, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

**1641 Jefferson Avenue, Third Floor
Miami Beach, Florida 33139**

ARTICLE III - SHARES

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

1000

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

**Gracie C. Cuervo
846 Lincoln Road, Third Road
Miami Beach, Florida 33139**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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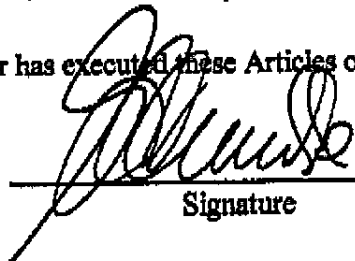
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ARTICLE V - INCORPORATOR

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

**Gracie C. Cuervo
846 Lincoln Road, Third Floor
Miami Beach, Florida 33139**

The undersigned incorporator has executed these Articles of Incorporation this 9th day of November, 2000.



Signature

ARTICLE VI - DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

**President: Gracie C. Cuervo
Secretary/Treasurer: Omar Ismail**

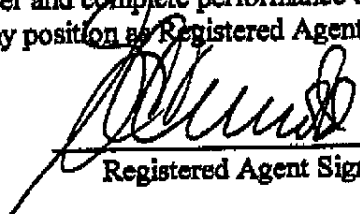
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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above-stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



Registered Agent Signature