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TALLAHASSEE, FLORIDA

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must

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STUDIO 6 EIGHTEEN FOR HAIR, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHEILA K. SMITH
(Name of Person)

(Firm/Company)

4004 ROBINSON RD.
(Address)

VALRICO, FL 33594
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LESLIE J. WALLACH at (904) 598-8610
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STUDIO 6 EIGHTEEN FOR HAIR, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

618 OAKFIELD DR.
BRANDON, FL 33511

Mailing Address:

4004 ROBINSON RD.
VALRICO, FL 33594

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

LESLIE J. WALLACH
Name
10075 GATE PKWY #2011
Florida street address (P.O. Box NOT acceptable)
JACKSONVILLE FL 32246
City, State, and Zip

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Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S..

Leslee J. Wallach
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

SHEILA K. SMITH
4004 ROBINSON RD.
VALRICO, FL 33594

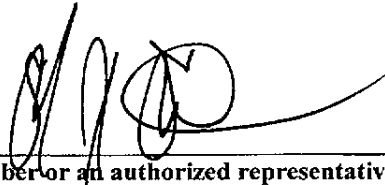
MGRM

MARY T. GAIDA
115 SKYRIDGE DR.
VALRICO, FL 33594

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SHEILA K. SMITH

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY
TALLAHASSEE, FLORIDA

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