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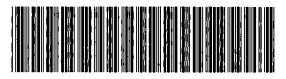
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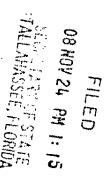
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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ARTICLES OF ORGANIZATION FOR

Solutions for Salons, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is Solutions for Salons, LLC

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is 12609 Second Isle, Hudson, FL 34667.

ARTICLE III: MANAGEMENT

The company will be a manager managed Limited Liability Company.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Tara M. O'Connor, Esq., O'Connor Law Group, P.A., 9743 U.S. Highway 19, Port Richey, FL 34668.

ARTICLE IV: MANAGING MEMBERS

The name and address of the initial Managing Member of the company is:

Dennis P. O'Connor, Managing Manager, 12609 Second Isle, Hudson, FL 34667

The undersigned has executed these Articles of Organization this 21st day of November 2008.

"Your Capital Connection, Inc. by, Christina L. Fields, Client Representative"

Authorized Representative

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1.	The name of the company is: Solutions for Salons, LLC
	The name and address of the registered agent and office is:
	The name and address of the registered agent and office is: Tara M. O'Connor, Esquire
_	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.