PUCCESMICAL ETTER 8479

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **400003104664**--5 -01/20/00--01085--005 *****70.00 ******70.00

SUBJECT:

Bon's HAIRNAUTICS 2ND SKIN CARE SAION INC. (Proposed corporate name - must include suffix)

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: BONNIE L. FRY

Name (Printed of typed)

2930 DEI FRADO Blub. Suit

Address

CAPE CORAL FI 339

City, State & Zip

941-549-9973

Daytime Telephone number

FILED

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SEGRETARY OF STATE
TALL MIASSEF F STATE

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

* T.SMITH JAN 2 6 2000

ARTICLES OF INCORPORATION
1. The name of the corporation shall be: BONS HAIRNAUTICS & SKIW (und
2. The principal place of business and mailing address of the corporation is: 2930 Del PRADO BIVD. Suite C CAPE CORFI, FI 33904
3. The corporation shall have the authority to issue
4. The registered agent of the corporation is Bound L. Fry and the registered street address is 2930 Del FRADO BIVD. Suite C., Florida 33904.
5. The initial Board of Directors shall have \(\) member(s) whose name(s) and address(es) is/are as follows: \(\) \(\
The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.
6. The incorporator of this corporation is BOWALLE L. FRY whose street address is 2930 Del FRADO BIVD. Scute C. Cape long, FL 33,
Dated
Bouw J. Fra 8 Incorporator
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 am familiar with and accept the obligations of my positions at the obligations of my positions at the obligations of my positions.
with and accept the obligations of my position as registered agent. Dated 1 18 2000