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Roderick Harvey, CPA 19030 NW 54th Avenue Miami, Florida 33055 OOFEB 16 AM 8:51

Department of State Divisions of Corporations PO Box 6327 Tallahassee, Florida 32314

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Dear Representative:

I am the registered agent for this incorporation filing. I would like to have the certified copy mailed to the address listed above. This would allow me to purchase the stock certificates, corporate seal, and minute book for the new company.

If you have any additional questions, I can be reached at 305 628-4975.

Sincerely,

KIM WALDEN-GAINES 800-237-8031 EXT 88154

Roderick Harvey, CPA

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.

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00 FEB 16 AM 8:51
MILLAND SEE FLORIDA

ARTICLE	<u>I</u>	<u>NAME</u>

The name of the corporation shall be:

THE CUHHNG Edge HAIR DESGA, INC.

PRINCIPAL OFFICE ARTICLE II

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

PO BOX 16252 Clearwater, Florida 33766

<u>ARTICLE III</u> <u>SHARES</u>

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

5,000,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

RODERICK HARVEY, CPA 19030 NW 547H AVENUE MIAMI, FLORINA 33055

INCORPORATOR ARTICLE V

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

Kim Walden- GAINES

1762 BIAPRITZ CIRCLE

1762 BIAPRITZ UNC.
TARPON SPRINGS, FLORIDA 34689

(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