

P00000031355

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT:

SalonPlus Inc.

(Proposed corporate name - must include suffix)

300003182333-1-6
-03/23/00--01129--017
*****78.75 *****78.75

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Lamonica Ash

Name (Printed or typed)

4848 N.W. 24 CT. # 209

Address

Lauderdale, FL 33313

City, State & Zip

(305) 490-8778

Daytime Telephone number

00 MAR 23 PM 6:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

JK 3/28

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

SalonPlus Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*4848 N.W. 24 CT. 209
Lauderdale FL 33313*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Salon operation; "Professional Corporation"

ARTICLE IV SHARES

The number of shares of stock is: *10 million*

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

*Lamonica Ash (Lamonica Ash)
4848 N.W. 24 CT. 209
Lauderdale FL 33313*

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

*Lamonica Ash
4848 N.W. 24 CT.
Lauderdale FL 33313*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

*Lamonica Ash
4848 N.W. 24 CT.
Lauderdale FL 33313*

FILED
00 MAR 23 PM 6:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Lamonica Ash

Signature/Registered Agent

Lamonica Ash

Signature/Incorporator

3/14/2000

Date
3/16/2000

Date