

TRANSMITTAL LETTER

P00000037018

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

SUBJECT: NEW GROWTH HAIR SYSTEMS, Inc.
(Proposed corporate name - must include suffix)

000003150810--4
-02/29/00--01009--007
*****70.00 *****70.00

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: MOSES MEDINA
Name (Printed or typed)
P.O. BOX 280398
Address
TAMPA, FL. 33682-0398
City, State & Zip
(813) 263-4975
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 12 PM 2:30

2554-2555-619-611
W000-5973

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

g 4/12/00



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 12 PM 2:30

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 7, 2000

MOSES MEDINA
POST OFFICE BOX 280398
TAMPA, FL 33682-0398

SUBJECT: NEW GROWTH HAIR SYSTEMS, INC.
Ref. Number: W00000005973

We have received your document for NEW GROWTH HAIR SYSTEMS, INC.. However, the document has not been filed and is being returned for the following:

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

The registered agent and street address must be consistent wherever it appears in your document.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6973.

Claretha Golden
Document Specialist

Letter Number: 700A00012461

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 12 PM 2:30

DATE: MARCH 29, 2000

DEPARTMENT OF STATE

DIVISION OF CORPORATION

P.O. BOX 6327

TALLAHASSEE, FL. 32314

Dear Sir,

As per your cover letter (see copy attached) please find the new application enclosed with my home address as the registered agents proper address.

My original application was dated Feb. 10, 2000 as is the new application.

You still have my \$70.00 filing fee so this new application should now be accepted and filed.

Thanks for your help with my application. If any questions please call or contact me.

Sincere Regards,

MOSES MEDINA

3837 GRAND FORK DR.

LAND O LAKES, FL. 34639

(813) 263-4975

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

NEW GROWTH HAIR SYSTEMS, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3837 GRAND FORK DR.
LAND O LAKES, FL. 34639

ARTICLE III SHARES

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

-500-

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MOSES MEDINA
3837 GRAND FORK DR.
LAND O LAKES, FL. 34639

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MOSES MEDINA
3837 GRAND FORK DR.
LAND O LAKES, FL. 34639

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10th. day of FEBRUARY, 19 2000.

(An additional article must be added if an effective date is requested.)

Moses Medina / MOSES MEDINA (president)
Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is NEW GROWTH HAIR SYSTEMS, Inc.

2. The name and address of the registered agent and office is:

MOSES MEDINA

(NAME)

3837 GRAND FORK DR.

(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

LAND O LAKES, FL. 34639

(CITY/STATE/ZIP)

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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.

Moses Medina MOSES MEDINA (pres)
(SIGNATURE)

FEBRUARY 10th., 2000
(DATE)