POOCOS 044433

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

200003235842---4 -05/02/00--01093--015 *****78.75 ******78.75

SUBJECT: Channelle's International Beauty Group Inc. (Proposed corporate name - must include suffix)	
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Enclosed is an original and one(1) copy of	the articles of incorporation and a check for	
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- \$70.00 Filing Fee
- \$78.75 Filing Fee
- Filing Fee Fi & Certificate &
- □\$122.50
- \$131.25
- Filing Fee & Certified Copy
- Filing Fee, Certified Copy
- & Certificate

ADDITIONAL COPY REQUIRED

FROM: Robert T. Channelle

Name (Printed or typed)

3275 Volley Dr.

Address

Jacksonville, FL 32277

City, State & Zip

(904) 765-4444

Daytime Telephone number

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.

ARTICLE I NAME

The name of the corporation shall be:

CHANNELLE'S INTERNATIONAL BEAUTY GROUP INC.

<u>ARTICLE II PRINCIPAL OFFICE</u>

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

5302 DODGE ROAD JACKSONVILLE FLORIDA 32209

ARTICLE III SHARES

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

500,000 shares of common stock

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JOSEPH C. CHAPPEllE 112 WEST ADAMS ST. # 816 JACKSONVILLE, FL. 32202 TTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

KOBERT T. CHANNELLE 3275 VOLLEY DR.

ACKSONVILLE, FL. 322

Signature/Incorporator

(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