

TRANSMITTAL LETTER

P000000053890

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

SUBJECT: STYLING CONCEPTS, INC.

(Proposed corporate name - must include suffix)

800003261798--9
-05/22/00--01107--013
*****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: KELLIE HOLT
Name (Printed or typed)

376 PATRICIA AVE
Address

DUNEDIN, FL 34698
City, State & Zip

(727) 793-0567
Daytime Telephone number

FILED
00 MAY 22 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Kellie Holt GAVE
AUTHORIZATION BY PHONE TO
CORRECT corp name
DATE 06/05/00
DOC. EXAM gj

743 5055

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

gj 5/30

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:

STYLING CONCEPTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

376 PATRICIA AVE.
DUNEDIN — FL 34698

ARTICLE III SHARES

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

500 HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MS. KELLIE HOLT
376 PATRICIA AVE.
DUNEDIN, FL 34698

ARTICLE V INCORPORATOR

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

MS. KELLIE HOLT
209 S GARDEN CIRCLE
BELL AIR, FLORIDA 33756-1675

Kellie Holt

Signature/Incorporator

5/16/00

Date

(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

Kellie Holt

Signature/Registered Agent

5/16/00

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA