

P000000101014

TRANSMITTAL LETTER

FILED

00 OCT 26 PM 4: 20

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: HAIR TRANSPLANT CENTERS OF FLORIDA, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

100003440861--6  
-10/26/00-01080-012  
\*\*\*\*\*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: STEVEN PROPER  
Name (Printed or typed)

P.O. BOX 82629  
Address

TAMPA, FL 33682-2629  
City, State & Zip

813-977-3600  
Daytime Telephone number

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

10/26/00

# 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:

HAIR TRANSPLANT CENTERS OF FLORIDA, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 82629, TAMPA, FL 33682-2629

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS.

## ARTICLE IV SHARES

The number of shares of stock is:

100 Common

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

FILED  
00 OCT 26 PM 4: 20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

STEVEN PROPER  
9312 KNIGHTSBRIDGE CT.  
TAMPA, FL 33647

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

STEVEN PROPER  
9312 KNIGHTSBRIDGE CT.  
TAMPA, FL 33647

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

10-23-00

Signature/Incorporator

Date

10-23-00