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TRANSMITTAL LETTER

FILED

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Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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SUBJECT: Sas	soon Works, I	`~	*****78.75	*****78.75
SUBJECT.		corporate name – must include suffix)	<u> </u>	<u></u>
Enclosed is an original and	one (1) copy of the articles of	incorporation and a check for	or:	
☐ \$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:		as L. Comet		
	16109 Va	anderbilt Drive	· · · · · · · · · · · · · · · · · · ·	<u></u>
		a, FL 33556, State & Zip	<u></u> :-	 . <u></u> .

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

(813) 926-3025 Daytime Telephone Number

ARTICLES OF INCORPORATION

FILED

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Sassoon Works, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 915 8th Street

Apt. 107

Minut Reach, FL 3

Miami Beach, FL 33139

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

4141 Nautilus Drive

Apt. 8C

Miami Beach, FL 33140

ARTICLE V INCORPORATOR

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

4141 Nautilus Drive

Apt. 8C

Miami Beach, FL 33140

Signature/Incorporator

Date

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

Date