

P91800017552

TRANSMITTAL LETTER

To: Florida Dept. of State

Attached are the Articles of Incorporation for Touchstone Hair Enterprises, Inc. The President and sole shareholder is Lorie A. Keels. A check in the amount of \$87.50 has been included for a certified copy and certificate of status.

Please mail the certificates to Lorie Keels at

5260 NW 74th Terrace
Lauderhill, FL 33319

The phone number is (954) 741-9661.

Thank you

900003706099--4
-02/15/01--01093--011
*****87.50 *****87.50

FILED
01 FEB 15 PM 9:48
SECRETARY OF STATE
TALLAHASSEE, FL 09103

2-16-01
WCC

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:

Touchstone Hair Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

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

7559 W. Oakland Park Blvd.
Lauderhill, FL 33319

ARTICLE III SHARES & OFFICERS

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

10,000 SHARES OF COMMON STOCK HAVING A PAR VALUE OF \$1.00 PER SHARE 100% OWNED BY LORIE A. KEELS, PRESIDENT & SECRETARY.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

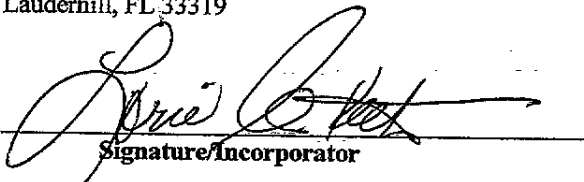
The name and Florida street address of the initial registered agent are:

Lorie A. Keels
5260 NW 74th Terrace
Lauderhill, FL 33319

ARTICLE V THE INCORPORATOR

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

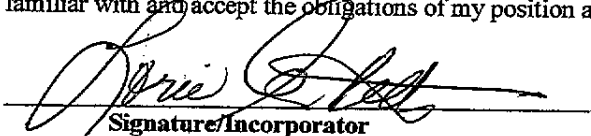
Lorie A. Keels
5260 NW 74th Terrace
Lauderhill, FL 33319


Signature/Incorporator

2/12/01
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.


Signature/Incorporator

2/12/01
Date

FILED
01 FEB 15 PM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA