PO BRASHTAN 224 ment of State

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

000004540220 -08/17/01--01056--011 *****70.00 *****70.00 **SUBJECT:** JPJD Incorporated (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) 4. Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 **□** \$78.75 **\$78.75** \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Jennifer Phibbs
Name (Printed or typed) 3977 Ferrarra Address Jacksonville, FL 32217 City, State & Zip

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

Daytime Telephone number

904-642-3389



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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

NAME

The name of the corporation shall be:

JPJD Incorporated

PRINCIPAL OFFICE

The principal place of business/mailing address is:

3977 Ferrarra St., Jacksonville, FL 32217

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Providing hair care and salon services.

ARTICLE IV

The number of shares of stock is:

100

INITIAL OFFICERS DIRECTORS

The name(s) and address(es):

Jennifer Phibbs = President 3977 Ferrarra St. Jacksonville, FL 32217

REGISTERED AGENT

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

Louis David, CPA 9141 Cypress Green Dr. Ste. Jacksonville, FL 32256

INCORPORATOR ARTICLE VII

The <u>name and address</u> of the Incorporator is:

Jennifer Phibbs 3977 Ferrarra St. Jacksonville, FL 32217

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