CORPORATION NAME(S) & DOCUMENT NUMBER(S) (fileson)

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NEW FILINGS	AMENUMENTS	
NEW FILINGS	AMENUMENTS Amendment	

Profit	Amendment	
Profit NonProfit	Amendment Resignation of R.A., Officer/Director	
Profit NonProfit Limited Liability	Amendment Resignation of R.A., Officer/Director Change of Registered Agent	
Profit NonProfit Limited Liability Domestication	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal	10.371/2/18.3
Profit NonProfit Limited Liability Domestication	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/	138 162 201 SE
Profit NonProfit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION	TST 10 TEP 15
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Date SEPTEMBER 18, 2001

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Re	D' HAIR TEAM, INC.		, Inc.
	(name of corporation	on)	
Gentlemen: Enclosed please fin check in the amoun	d the original and one copy of Arti	cles of Incorpora	tion, together with my
This represents the Fee for Registered	cost of the Filing Fees, Certified C Agent Designation for the above r	Copy of Articles of named corporation	of Incorporation and n.
	Very truly yours,		
		(individu	ual's name)
		D' HAIR TEAM,	INC
		(name o	f corporation)
	295	MAILING ADDRESS O	OF CORPORATION
	(MI, FLORIDA PI 305) 265-8 ren Code Phone Num	

ARTICLES OF INCORPORATION

of

D' HAIR TEAM, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

D' HAIR TEAM, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue <u>FIVE HUNDRED</u> shares (500) of <u>ONE</u>

Dollar(s) (\$1_00) par. value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	VINCENZO SANTORO			·	
ADDRESS	295 PARK BLVD			-	
CITY	MIAMI	STATE	FLORIDA	ZIP 33126	

The principal office, if known, or the mailing address of the corporation is:

NAME	D'	HAIR	TEAM,	INC.				
ADDRESS	295	PARK	BLVD					
CITY	MIA	4I			STATE	FLORIDA	ZIP	33126

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less that none (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	MARICELA	SANTANA	SALT	PR	ESIDENT		-	
ADDRESS	295 PARK	BLVD						
CITY	MIAMI			STATE	FLORIDA	ZIP	33126	
NAME	VINCENZO	SANTORO		TRE	ASURER			
ADDRESS	295 PARK	BLVD				-		
CITY	MIAMI	-		STATE	FLORIDA	ZIP	33126	
NAME				-				
ADDRESS							··· · · · · · · · · · · · · · · · · ·	
CITY				STATE	-	ZIP		

Article VII - INCORPORATORS

The names and address		orporate	rs signing	these Articles	of Incorpo	oration are as f	follows:	
	SANTANA	SALT	·····			- <u></u>	<u>,,, </u>	
ADDRESS 295 PARK B	LVD							
CITY MIAMI		-	STATE	FLORIDA	ZIP	33126		
NAME VINCENZO	SANTORO			-				
ADDRESS 295 PARK B	LVD		<u>-</u> .		- · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
CITY MIAMI			STATE	FLORIDA	ZIP	33126		-
NAME								
ADDRESS			<u> </u>		· · · · · · · · · · · · · · · · · · ·			-
CITY			STATE		ZIP	·	· · · · · · · · · · · · · · · · · · ·	
IN WITNESS WHEREOF, the day of <u>SEPTEMBER</u>	Mau	,XX 20	001	ally			(Seal)	
			1	X = -	- ر		(Seal)	-
			_			-		
				·	1117/1_1		_ (Seal)	
STATE OF FLORIDA			.)		-			
COUNTY OFMIAMI-D	ΔDE		SS					
before me, a Notary Public at personally appeared:				ents in the Sta and VINCE			above,	
Maucila Latt			FL	DL#S430-	 557–58 - -	839-0		
Signature					Form of Ider			i katik
- Der	7-5			- -				
Signature					Form of Ider	tification		•••
	-		·					• • •
Signature					Form of Iden			
nown to me and known to be the person that	_ executed these	articles of	Incorporation	of Incorporation, v t, that I relied upor ath was not taken.	the form	dged before of identificatio	en .	
NOTATRY RUBBER STAMP SEA	AT.	W'iti	ness my hand	and official seal in	the County a	nd State last afores	said this	
				day ofSI				
		Not	ary Signiture		***			

Primed Notary Signiture

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

	(name of corporation)
Pursuant	t to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
us registe	ve corporation, desiring to organize under the laws of the State of Florida with ered office as indicated in the Articles of Incorporation 295 PARK BLVD
us registe	ve corporation, desiring to organize under the laws of the State of Florida with ered office as indicated in the Articles of Incorporation

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)

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SECRETARY OF STATE
TALLAHASSEF FI ORIDA