TRANSMITTAL LETTER

POZ 0000 4763Z

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

- \$70.00
- **\$78.75**
- Filing Fee
- Filing Fee
- & Certificate of Status
- **\$78.75**
- \$87.50
- Filing Fee
- Filing Fee,
- & Certified Copy
- Certified Copy
- & Certificate of
- Status

ADDITIONAL COPY REQUIRED

FROM:

Orlando, 7/a. 32808 City, State & Zip

407 - 522 - 6183 Daytime Telephone number

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be: New Attitude Hair Salon, INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 5538 Hawsel Ave Edgewood, 71a. 32809
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
ARTICLE IV SHARES The number of shares of stock is: \(\left(\omega \times \right) \) \(\left(\omega \times \right) \)
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Cleveland + Crystal Franklin (Directors) 4900 Bottlebrush Lane #106 Orlando, Florida 32808
ARTICLE VI REGISTERED AGENT (1) The name and Florida street address of the registered agent is: Cleveland Franklin 4900 Bottlebrush Lane #16 Orlando, Fla. 32808
ARTICLE VII INCORPORATOR (2) The name and address of the Incorporator is: Cleveland + Crystal Franklin 4900 Bottlebrush Lane # 106 Orlando, Fla. 32808

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
Signature/Registered Agent Pate
Clouble Fold / Country 11 Annih. 4127122
Signature/Incorporator/ Date