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SECHE CANADA STATE TALLAHASSEE, FLORIDA

May 17, 2002

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

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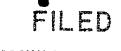
SUBJECT: BODY WAVES HAIR SALON INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$70.00 representing the Filing Fee..

From:

James E. Marci 58 Commercial Way Spring Hill, Fl 34606 352-684-1800

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### SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION OF BODY WAVES HAIR SALON INC.

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: BODY WAVES HAIR SALON INC.

#### ARTICLE II PRINCIPAL OFFICE

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

7239 FOREST OAKS BLVD. SPRING HILL, FL 34606

#### ARTICLE III SHARES

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

1000 SHARES OF COMMON STOCK, EACH SHARE HAVING A PAR VALUE OF ONE DOLLAR (\$1.00)

#### ARTICLE IV INITIAL REGISTERED AGENT

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

JAMES E. MARCI 58 COMMERCIAL WAY SPRING HILL, FL 34606

#### ARTICLE V INCORPORATOR

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

JAMES R. GRAY JR. 3343 HARROW ROAD SPRING HILL, FL 34606

#### ARTICLE VI OFFICERS & DIRECTORS

The names of the initial officers and directors of the corporation are:

JAMES R. GRAY JR. 3343 HARROW ROAD

PRESIDENT/DIRECTOR

SPRING HILL, FL 34606

CAROL A. GRAY 3343 HARROW ROAD SPRING HILL, FL 34606

SEC'Y/DIRECTOR

Med Lilland

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/