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TRANSMITTAL LETTER

| Department of State Division of Corporati P. O. Box 6327 Tallahassee, FL 3231 | | OI | 000061225 -07/01/0201 ******70.00 | 5700 1054804 *****70.00 | |
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| SUBJECT: Claude Hès Hair Design, Inc. (PROPOSED CORPORATE NAME-MUST ENCLUDE SUFFIX) | | | | | |
| | | 1 41 | · | | |
| Enclosed are an original and one (1) copy of the articles of incorporation and a check for: | | | | | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy ADDITIONAL C | \$87.50 Filing Fee, Certified Copy & Certificate of Status COPY REQUIRED | , | |
| FROM: | Claudette i | Bonn Lire Printed or typed) | | SEC TALL | |
| 124 LisaLoop Address Address | | | | | |
| Winter Springs FL 1132708 & FOR EDITION FOR THE STATE OF | | | | | |
| <u>407 - 327 - 8374</u> Daytime Telephone number | | | | | |

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

| The name of the corporation shall be: | 2 5 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Claudette's Hair Design, INC | ECRETARY LLAHASS |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: | ED STATE OF STATE AH 9: 41 |
| | 9: SA |
| 124 LISALOOP | 一 |
| Winter Springs FL 32708 ARTICLE III PURPOSE | |
| The purpose for which the corporation is organized is: | |
| Hair Salon | |
| ARTICLE IV SHARES | |
| The number of shares of stock is: | • |
| 100 ShareS | |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) | |
| The name(s), address(es) and title(s): | |
| Claudette Bonnaire (Pres) | |
| 124 Lisaloop | |
| Winter Springs FL 32708 | |
| ARTICLE VI REGISTERED AGENT | - |
| The name and Florida street address of the registered agent is: | |
| Claudette Bonnaire | |
| 124 Lisa100 P | |
| ARTICLE VII INCORPORATOR | • |
| The name and address of the Incorporator is: | |
| Jackson Hewitt TAX Service | |
| 350 East Pine St | |
| Orlando FL 3280 (| ***** |
| Having been named as registered agent to accept service of process for the above stated corporation at the place certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity | designated in this |
| cerajicate, 1 um jumituus with und accept are appointed | - 10 |
| Contable Jonfreine -0/25 | 102 |
| Signature/Registered Agent / Date | |
| Danis dellaran | 02 |
| Signature/Incorporator Date | · |
| | |

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