TRANSMITTAL LETTER

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

02 JUL - 1 AM 10: 02

Department of State Division of Corporations P.O. Box 6327

Tallahassee, FL 32314 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: LINDA HOOVER

Name (Printed or typed) 1608 WELLESLEY CIRCLE, UNIT 7

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

ARTICLES OF INCORPORATION

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

SECRETARY OF STATE

NAME

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The name of the corporation shall be: The Nail Factory and HAIR FANTASY, INC.

PRINCIPAL OFFICE

The principal place of business/mailing address is: The Wall Factory and Hair Fantasy, Inc.
2500 Plaza Walk, 9th St. N. Ste. # 107 Naples, Fl. 34103

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BEAUTY SALON

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)

The name(s), address(es) and title(s):

LINDA HOOVER, 1608 Wellesley CIRCLE, UNITY - Naples, Fl. 34116 (PRES)

ARTICLE VI REGISTERED AGENT

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

1608 WElles ley Circle, Unit 7 Naples, Fl. 34116

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is: LINDA HOOVER

1608 Wellesley Circle, Unit 7 Naples, Fl. 34116

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

Signature/Registered Agent