

P02000096261

Ben J. De Cordova  
4123 Woodlark Drive  
Tampa, FL 33624

August 28, 2002

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

FILED  
2002 SEP -3 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RE: Articles of Organization for Salon De Cordova

Dear Sirs or Madams:

Please find the enclosed articles of organization for Salon De Cordova, Inc. and my money order for \$ 78.75 for the filing fee. Please process as soon as possible.

Sincerely,

Ben J. De Cordova

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-09/03/02--01003--006  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

09-06-03

## **ARTICLES OF INCORPORATION**

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: **SALON DE CORDOVA, INC.**

### **ARTICLE II PRINCIPAL OFFICE**

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

Business:  
**4123 Woodlark Dr.  
Tampa, Florida 33624**

Mailing:  
**4123 Woodlark Dr.  
Tampa, Florida 33624**

### **ARTICLE III SHARES**

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

**100**

### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

**Ben J. De Cordova  
4123 Woodlark Dr.  
Tampa, Florida 33624**


### **ARTICLE V INCORPORATOR**

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

**Ben J. De Cordova  
4123 Woodlark Dr.  
Tampa, Florida 33624**

### **ARTICLE VI PURPOSE**

The business purpose of this corporation is: **To engage in any lawful business.**

  
\_\_\_\_\_  
Signature/Incorporator

8/28/02  
Date

Having been named as registered agent and to accept service of process for the above stated corporation, 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 compete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.

  
\_\_\_\_\_  
Signature/Registered Agent

8/28/02  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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