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SICRETARY OF STATE CORPORATIONS
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CORPORATION NAME(S) & DOC	TUMENT NUMBER(S) (itknown):
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Other	Merger
OTHER FILNGS	REGISTRATION/
Annual Report	QUALIFICATION Foreign
Fictitious Name	Limited Partnership
Name Reservation	Reinstatement
 	Trademark
_	Other

Examiner's Initials



ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporatic

ARTICLE I NAME

The name of the corporation shall be: Kokopell' Beauty Salon Inc.

ARTICLE II PRINCIPAL OFFICE

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

3760 E 4 Ave Hialeah, Fl 33013

ARTICLE III SHARES

The number of shares of stock that this corporation is athorized to have Outstanding at any one time is: 100 Shares of Common Stock at Per Value of \$1.00 Per Share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Joaquin L. Gomez 3760 & 4 Ave Hialeah, FL 33013

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of	
Incorporation is(are): Koko celli 8	beauty Salan
3760 E 4	beauty Salon Aue
Haleah, Fl	33013
1/11	<u> </u>
ARTICLE VI	DIRECTOR(S)
The name(s) and street address(es) of	the director(s) to these Articles of
Incorporation is(are):	- · · · · · · · · · · · · · · · · · · ·
Joaquin L. Gomez =	5760 E 4 AVE
,	naleah. FL 33017
The undersigned incorporator (s) has(h	nave) executed these Articles of
Incorporation this 8th day of	November, 2002
	A . /
	, 11 A
	Signature President
	Signature
	Signature

Articles of Incorporation Filing fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Fiorida Status, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

- 1. The name of the corporation is: Kokopell's Beauty Salon Inc.
- 2. The name and address of the registered agent and office is:

Joaquin L. Gome 2

3760 E 4th Avenue

(P.O. BOX NOT ACCEPTABLE)

Haleah, FL 33013 (CITY/STATE/ZIP)

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 !	JM-	
DATE	11/08/02	