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ORISINAL

TRANSMITTAL LETTER

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

SUBJECT:

SHAGG HAIR DESIGN, INC.

(Proposed corporate name-must include suffix)

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 & Certificate of Status Filing Fee & Certified Copy Filing Fee & Certified Copy & Certificate Status

FROM:

JANELLE K. REYES

Name (printed or typed)

1436 WHITE OAK COURT

(Address)

TARPON SPRINGS, FL 34689

(City/State//Zip)

(727) 743-5823

(Day time telephone number)

NOTE: Please provide the original and one (1) copy of the Articles

ARTICLES OF INCORPORATION

OF

SHAGG HAIR DESIGN, INC.



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

ARTICLE I NAME

The name of the corporation shall be:

SHAGG HAIR DESIGN, INC.

ARTICLE II PRINCIPAL OFFICE

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

34764 US 19 N PALM HARBOR, FL 34684

ARTICLE III

CAPITAL STOCK

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

1000 SHARES NON-PAR

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

JAMES H. COLLIER, SR. 9110 STERLING LANE PORT RICHEY, FL 34668

ARTICLE V INCORPORATOR(S)

The name (s) and street address (s) of the Incorporator (s) to these Articles of Incorporation is (are):

JANELLE K. REYES (PRESIDENT) 1436 WHITE OAK COURT TARPON SPRINGS, FL 34689

ROBIN THOMAS 2406 BENTLEY DRIVE PALM HARBOR, FL 34684

14TH __DAY __OF NOVEMBER ____2002

P___ Signature/Title

V-P__Signature/Title

_______Signature/Title

_______Signature/Title

_______Signature/Title

The undersigned has (have) executed these Articles of Incorporation this

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUATES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER 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:_			
SHAGG HAIR DESIGN, INC.			
	and the second second	a la Fr	·
The name and address of the registered agent and office is:			
JAMES H. COLLIER SR.		 .	
(Name)			1.2 - 1.22
9110 STERLING LANE		- ,	
(P. O. Box not acceptable)			71 7 27 2 1
PORT RICHEY, FL 34668			_
(City/State/Zip)			<u>**</u>
I have been named as registered agent and to accept service of aboved stated corporation at the place designated in this certification the appointment as registered agent and agree to act in this cap to comply with the provisions of all statutes relating to the promance of my duties, and I am familiar with and accept the oblass registered agent. (Signature)	icate, I hereby accept pacity. I further agree per and complete perfor-	SECRETARY OF STATE TALLAHASSEE FLORID	02 NOV 16 PH 2:21