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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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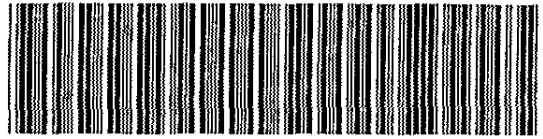
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2003 APR 28 PM 12:36  
TALLAHASSEE FLORIDA

5/2/03

TRANSMITTAL LETTER

FILED

2003 APR 28 PM 12: 37

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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SUBJECT: Sharon's Cuts and Styles, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

FROM: Sharon Clayborn  
Name (Printed or typed)

2780 North Florida Avenue, Suite 10  
Address

Hernando, Florida 34442  
City, State & Zip

(352) 726 - 5506  
Daytime Telephone number

**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)

**FILED**

2003 APR 28 PM 12: 37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Sharon's Cuts and Styles, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

2780 North Florida Avenue, Hernando, Florida , 34442

**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):

**ARTICLE VI REGISTERED AGENT**

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

Sharon Clayborn 12561 East Gulf to Lake Highway, lot 39, Inverness, Florida 34450

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Sharon Clayborn 12561 East Gulf to Lake Highway, Lot 39, Inverness, Florida, 34450

\*\*\*\*\*  
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

Sharon Clayborn  
Signature/Registered Agent

April 22, 2003  
Date

Sharon Clayborn  
Signature/Incorporator

April 22, 2003  
Date