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(Address)				
(Address)				
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TRANSMITTAL LETTER

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

SUBJECT:	lelody's Hair Inc.			
	(PROPOSED CORPORA)	TENAME - MUSTINGE	UDESUBBX)	
·		· · · · ·		
		•		
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	d a check for:	
	_			
□ \$70.00	3 \$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 CO	PY REQUIRED	
	,			
FROM:N	lelody J Griffin			
	Name (Printed or typed)	•	
2112 Peachtree Boulevard				
2112 Peachtree Boulevard Address				
	Gr G1 1 77 41 64-64			
St. Cloud, Florida 34769 City, State & Zip				
City, state & Lip				
· • — —	(407) 891-9000			
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)

ARTICLE I NAME

The name of the corporation shall be:

Melody's Hair Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2112 Peachtree Boulevard St. Cloud, Florida 34769

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

To incorporate business

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Melody J Griffin

REGISTERED AGENT

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

Melody J Griffin 2112 Peachtree Boulevard St. Cloud, Florida 34769

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

Melody J Griffin 2112 Peachtree Boulevard St. Cloud, Florida 34769

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

Signature/Incorporator