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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

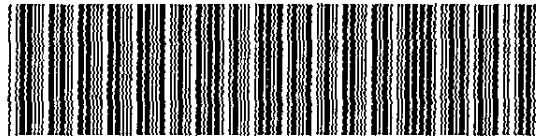
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE FLORIDA

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: -----
Rejuvenating Hair & Spa, Inc.

(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$_____

FROM: -----
Rejuvenating Hair & Spa, Inc.

Name (printed or type)

10643 F North Kendall Dr.

Address

Miami, Fl. 33176

City, State & Zip Code

305-271-4445

Telephone number

Note: Please provide the original and one copy of the Articles.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Rejuvenating Hair & Spa, Inc.

ARTICLE II PRINCIPAL OFFICE

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

10643 F North Kendall Dr.
Miami, Fl. 33176

ARTICLE III SHARES

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

100 Shares @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ondina Espinal
10643 F North Kendall Dr.
Miami, Fl. 33176

ARTICLE V INCORPORATOR (S)

The name (s) and street address (es) of the incorporator (s) to these Articles of incorporation is (are) :

Michael P. Hendricks
10643 F North Kendall Dr.
Miami, Fl. 33176

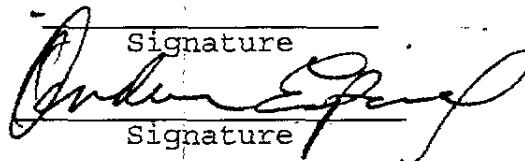
President / Treasury

Ondina Espinal
10643 F North Kendall Dr.
Miami, Fl. 33176

Vice-President / Secretary

signed incorporator (s) has (have) executed these Articles of incorporation this 17 day of NOVEMBER 2002


Signature

Signature

Signature

Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 607.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE
OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE
REGISTERED OFFICE. REGISTERED AGENT, IN THE STATE OF FLORIDA.

name of the corporation is Rejuvenating Hair & Spa, Inc.

10643 F North Kendall Dr.
Miami, Fl. 33176

The address of the corporation is _____

The name and address of the registered agent and office is:

Ondina Espinal

Name

10643 F North Kendall Dr.

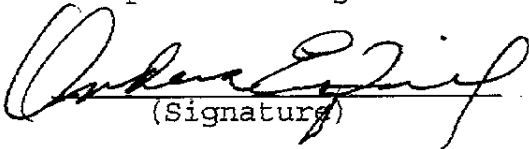
(P O Box or Mail Drop Not acceptable)

Miami, Fl. 33176

(City / State / Zip)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Having been named as registered agent and to accept services of
process for the above stated corporation at 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)

NOVEMBER 17, 2003
(Date)