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(Requestor's Name)			
(Address)	<u>,</u>		
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(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
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TRANSMITTAL LETTER

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

SUBJECT:	Hot Heads of beac (PROPOSED CORPORATE		e śuffix)
Enclosed is an origi	nal and one(1) copy of the artic	les of incorporation and	i check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL Ç	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
	1	FROM:	
	David Name (F	A. Mowry Printed or typed)	<u>. </u>
		lissade Dr	<u>,</u>
		rt Richey , Fla.	34652
	City,	State & Zip	
	(727)848-85 Daytime 1	00 Telephone number	- Gr

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: Hot Heads of beacon Squire Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4630 Glissade Dr.

New Port Richey , Fla. 34652

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Operate hair 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:

David A. Mowry 4630 Glissade Dr.

New Port Richey , Fla. 34652

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David A. Mowry 4630 Glissade Dr. New Port Richey, Fla. 34652

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

Date

2/1/04

Date

Signature/Incorporator