P04000042761

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
,				
(Document Number)				
,				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
L				

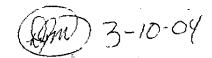
Office Use Only



600029597106

03/02/04--01007--002 **78.75 T





TRANSMITTAL LETTER

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

SUBJECT: Be	lla Capell	i 5/00	IDC.	
	(Propused corpo	rate name - must include su	ffix)	
Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a	check for :	
CI \$70.00 Filing Fee	(Z) \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	U \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REOUIRED	
FROM: Robert Carrol Name (Printed or typed)				
435 S. RIDGEWOOD AVE. #210 Address				
DAYTONA BEACH, FLORIDA 32114 City, State & Zip				

(904) 255-5454 Daytime Telephone number

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

RY OF STATE

ARTICLE II PRINCIPAL OFFICE

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

435 S. RIDGEWOOD AVE., #210 DAYTONA BEACH, FLORIDA 32114

Capelli Salon,

ARTICLE III SHARES

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

AUTHORIZE 10,000 @ \$1.00 PAR VALUE

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

The name and address of the incorporator to these Articles of Incorporation are:

EFFECTIVE DATE \

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 abligations of my position as registered agont