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#### TRANSMITTAL LETTER

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

SUBJECT: African Touch Hair Designs, Inc.

(Proposed corporate name-must include suffix)

Enclosed is an original and <u>one (1) copy</u> of the articles of incorporation and a check or money order for:

COST \$79.75

Filing Fee & Certificate

From: Mwantumu S. Rhodes

11625 Canal Drive, #6
Address

Miami, FL 33181
City, State, Zip

(305) 823-4358
Daytime Telephone Number

#### ARTICLES OF INCORPORATION

The undersigned incorporator (s), for the purpose of forming a corporation under the Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I - NAME** 

The name of the corporation shall be:

African Touch Hair Designs, Inc.



ARTICLE II PRINCIPAL OFFICE

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

12316 NW 7<sup>th</sup> Avenue Miami, FL 33168

#### **ARTICLE III - SHARES**

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

The maximum number of shares that this corporation is authorized to have outstanding at any time is FIVE HUNDRED (500) of common stock, each share having the par value of ONE DOLLAR (\$1.00).

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Mwantumu S. Rhodes 11625 Canal Drive, #6 Miami, FL 33181

## ARTICLE V - INCORPORATORS(S) See instructions for officers/directors

The names(s) and street address of the incorporators is (are):

President Mwantumu S. Rhodes 11625 Canal Drive, #6 Miami, FL 33181

The und	ersigned in	corporator(s)	has (have) executed thes	e articles of incorporation this
23rd	_day of	January	, 2004.	
(An addi	tional arti	cle must be ad	lded if an effective date is	requested.)
		ł	Phodes	
		**_**_***	Signature	<del></del>
			Signature	
			Signature	<del></del>
		<del></del>	Signature	

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of corporation is:

African Touch Hair Designs, Inc.

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

Mwantumu S. Rhodes 11625 Canal Drive, #6 Miami, FL 33181



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 obligations of my position as registered agent.

Alwodes 01-23-2004
(SIGNATURE) (DATE)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314