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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

4/13

TRANSMITTAL LETTER

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

SUBJECT: ABOUT U, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☑ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: JON KLEIN
Name (Printed or typed)

PO BOX 628
Address

TALLAHASSEE, FL 32302
City, State & Zip

850-877-9303
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: ABOUT U, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3425 THOMASVILLE RD
TALLAHASSEE, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BEAUTY SALON

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): JON KLEIN, PRESIDENT
PO BOX 628
TALLAHASSEE, FL 32302

ARTICLE VI REGISTERED AGENT

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

JON KLEIN
7916 SKIPPER LANE
TALLAHASSEE, FL 32317

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

JON KLEIN
PO BOX 628
TALLAHASSEE, FL 32302

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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: 4/13/04

Signature/Incorporator — Date: 4/13/04