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TALLAHASSEE, FLORIDA
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STATE
SECRETARY OF CORPORATIONS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

The Hair Shoppe Inc

Signature _____

Requested by: AW 5/4

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
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- _____ Corp Record Search _____
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- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

**ARTICLES OF INCORPORATION
OF
THE HAIR SHOPPE, INC.**

**THE UNDERSIGNED SUBSCRIBER (s) TO THESE ARTICLES OF INCORPORATION,
NATURAL PERSON (s) COMPETENT TO CONTRACT, HEREBY FORM A CORPORATION UNDER
THE LAWS OF THE STATE OF FLORIDA.**

2004 MAY -4 A 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE 1 - CORPORATE NAME

**THE NAME OF THE CORPORATE IS: THE HAIR SHOPPE, INC.
THE PRINCIPLE MAILING ADDRESS OF CORPORATION IS: 7812 WORTHINGTON RD. JACKSONVILLE, FL. 32244**

ARTICLE II - DURATION

**THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED
ACCORDING TO FLORIDA LAW.**

ARTICLE III -PURPOSE

**THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY
ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE
STATE OF FLORIDA.**

ARTICLE IV- CAPITAL STOCK

**THE CORPORTATION IS AUTHORIZED TO ISSUE (five hundred) SHARES
(500) OF (one) DOLLAR (s) (\$ 1.00) PAR VALUE COMMON STOCK, WHICH SHALL
BE DESIGNATED "COMMON STOCK"**

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

THE NAME AND ADDRESS OR THE INITIAL REGISTERED AGENT OF THIS CORPORATION IS:

NAME: ETHEL BURTH

PRINCIPLE AND MAILING ADDRESS: 7812 WORTHINGTON RD.

CITY: JACKSONVILLE

FLORIDA

ZIP 32244

ARTICLE VI- INITIAL BOARD OF DIRECTORS

**THIS CORPORATION SHALL HAVE ONE (1)
DIRECTORS INITIALLY. THE NUMBER OF DIRECTORS MAY BE INCREASED OR
DIMINISHED FROM TIME TO TIME BY THE BY-LAWS, BUT SHALL NEVER BE LESS THAN ONE (1).
THE NAMES AND ADDRESS OF THE INITIAL DIRECTOR(S) OF THE
CORPORATION ARE AS FOLLOWS:**

NAME: ETHEL BURTH

PRINCIPLE AND MAILING ADDRESS: 7812 WORTHINGTON RD.

CITY: JACKSONVILLE

FLORIDA

ZIP 32244

NAME:

PRINCIPLE AND MAILING ADDRESS:

CITY:

FLORIDA

ZIP

ARTICLE VII - INCORPORATORS

**THE NAME AND ADDRESSES OF THE PERSON(S) SIGNING THESE ARTICLES OF
INCORPORATION ARE AS FOLLOWS:**

NAME: ETHEL BURTH

PRINCIPLE AND MAILING ADDRESS: 7812 WORTHINGTON RD.

CITY: JACKSONVILLE

FLORIDA

ZIP 32244

NAME:

PRINCIPLE AND MAILING ADDRESS:

CITY: _

FLORIDA

ZIP

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF THE HAIR SHOPPE, INC.
(Name of corporation)

**PURSUANT TO FLORIDA STATUTE SECTIONS 48.091 AND 607.304, THE FOLLOWING
SUBMITTED:**

**THE ABOVE CORPORATION, DESIRING TO ORGANIZE UNDER THE LAWS OF THE
STATE OF FLORIDA WITH ITS REGISTERED OFFICE AS INDICATED IN THE ARTICLES OF INCORPORATION**


AT: 7812 WORTHINGTON RD.
JACKSONVILLE, FL 32244

HAS NAMED: ETHEL BURTH

**LOCATED AT THE AFORESAID ADDRESS, AS ITS REGISTERED AGENT TO ACCEPT
SERVICE OF PROCESS WITHIN THIS STATE.**

ACKNOWLEDGEMENT

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY
ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISIONS
OF FLORIDA LAW IN KEEPING OPEN SAID OFFICE.
I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS
A REGISTERED AGENT.**


ETHEL BURTH (Registered agent)
ETHEL

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER (s) HAVE EXECUTED THESE
ARTICLES OF INCORPORATION THIS 30th DAY OF APRIL 2004

Ethel Burth (SIGN)

____ (SIGN)

____ (SIGN)

STATE OF FLORIDA

SS

COUNTY OF DUVAL

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN THE
STATE AND COUNTY SET FORTH ABOVE PERSONALLY APPEARED

NAME: ETHEL BURTH

KNOWN TO ME AND KNOWN TO BE THE PERSON (s) WHO EXECUTED THE FOREGOING
ARTICLES OF INCORPORATION, AND WHO ACKNOWLEDGE BEFORE ME THAT
(HE) OR (SHE)
EXECUTED THESE ARTICLES OF INCORPORATION

IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY HAND AND SEAL, IN THE
STATE AND COUNTY AFORESAID THIS 30th DAY OF APRIL 2004

(NOTARY SEAL)

Linda L. Wilson



Linda L. Wilson
MY COMMISSION # CC987703 EXPIRES
December 17, 2004
BONDED THRU TROY FARM INSURANCE, INC.

(NOTARY PUBLIC, STATE OF FLORIDA AT LARGE)

LINDA L. WILSON
MY COMMISSION # CC987703
MY COMMISSION EXPIRES: DECEMBER 17, 2004

NOTARY OF STATE
AHASSEE, FLORIDA

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