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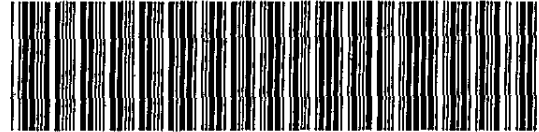
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 OCT -5 PM 2:45

m 10/12

**MAKING WAVES FAMILY HAIR CARE, INC.  
4865 GOLDEN GATE PARKWAY  
NAPLES, FL 34116**

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32301

Re: Filing of Articles of Incorporation for **MAKING WAVES FAMILY HAIR CARE, INC.**

Dear Sirs:

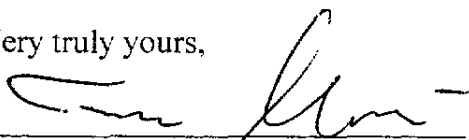
I enclose the original of the Articles of Incorporation for **MAKING WAVES FAMILY HAIR CARE, INC.** Further enclosed is my check in the amount of \$78.75 payable to the Florida Department of State.

Please file the original of the Articles and return your receipt and Certified Copy.

If you have any further questions or require additional information, please do not hesitate to contact me.

Thank you for your assistance in this matter.

Very truly yours,

  
\_\_\_\_\_  
**TOMASZ MACKOWICZ** President

HW/jaa

Enclosures

Fees as follow:

Certified Copy  
Filing Fee for Articles  
Registered Agent

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION  
Of**

**MAKING WAVES FAMILY HAIR CARE, INC.**

The undersigned, for the purposes of forming a Corporation under Section 607.164 of the Florida General Corporation Act, do hereby certify as follows:

**Article I**

**Corporate Name and Address**

The name of the Corporation is **MAKING WAVES FAMILY HAIR CARE, INC.**, and the street address of the Corporation is:

**4865 GOLDEN GATE PARKWAY  
NAPLES, FL 34116**

**Article II**

**Corporate Purposes**

The Corporation is organized to function as **HAIR SALON** and any related business services and to otherwise engage in any activity or business permitted under the laws of the United States of America and in the state of Florida.

**Article III**

**Authorized Stock**

The aggregate number of shares of the Corporation shall be 50,000, of which 1,000 are to be issued as voting common stock with a par value of \$1.00.

**Article IV**

**Registered Office and Registered Agent**

The street address of the initial registered office of the Corporation in the state of Florida shall be:

**4865 GOLDEN GATE PARKWAY  
NAPLES, FL 34116**

The name of the initial registered agent of the Corporation at the registered office shall be **ANN CHESHIRE**.

**Article V**  
**Initial Board of Directors**

The initial Board of Directors of the Corporation shall be comprised of 1 person. The name and address of the initial Director is as follows:

<u>NAME</u>	<u>ADDRESS</u>
<b>TOMASZ MACKOWICZ</b>	<b>1903 60<sup>TH</sup> PL #M2121 BRADENTON, FL 34203</b>

**Article VI**  
**Incorporator**

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

**TOMASZ MACKOWICZ  
1903 60<sup>TH</sup> PL #M2121  
BRADENTON, FL 34203**

**Article VII**  
**Commencement of Existence**

The Corporation shall be deemed to commence on the 1<sup>st</sup> day of  
**OCTOBER, 2004.**

**Article VIII**  
**Duration**


The term of existence of the Corporation is perpetual. IN WITNESS WHEREOF,  
the undersigned, as Incorporator has executed the foregoing Articles of Incorporation this  
1st day of **OCTOBER, 2004.**

  
\_\_\_\_\_  
**TOMASZ MACKOWICZ**  
Incorporator

STATE OF FLORIDA

COLLIER COUNTY

Before me personally appeared **TOMASZ MACKOWICZ** to me personally known  
to be the person described as Incorporator and who executed the foregoing Articles of  
Incorporation and acknowledged before me that **he** subscribed to these Articles of  
Incorporation this 1st day of **OCTOBER, 2004.**


  
\_\_\_\_\_  
Notary Public, Helen Watson  
My Commission Expires: 08-13-2005



Helen Watson  
MY COMMISSION # DD031175 EXPIRES  
August 13, 2005  
BONDED THRU TROY FAIR INSURANCE, INC.

**ACCEPTANCE OF REGISTERED AGENT  
FOR  
MAKING WAVES FAMILY HAIR CARE, INC.**

I, **ANN CHESHIRE**, having signed the within as registered agent of **MAKING WAVES FAMILY HAIR CARE, INC.**, (the Corporation) at the registered address of **4865 GOLDEN GATE PARKWAY, NAPLES, FL 34116**, do hereby agree as the registered agent to accept service of process, to keep an office of the Corporation open during the prescribed hours, and to post my name, **ANN CHESHIRE**, and that of any officer of the Corporation authorized to accept service of process at the above Florida designated address, in some conspicuous place in the office of the Corporation as required by law.

  
\_\_\_\_\_  
**ANN CHESHIRE**  
Registered Agent

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