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TRANSMITTAL LETTER

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

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

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FROM: CheRYL DE MEUERE
Name (Printed or typed)

1518 S.E. Roya (Oret) Circle (303)

Part St. Lucie F1, 34932

City, State & Zip

Daytime Telephone number

Status

ADDITIONAL COPY REQUIRED

NOTE: Please provide the original and one copy of the articles.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: CUT N' LOOSE, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2580 N.E. DUNIAWRIVED Drive SENIEN BEACH, Pl. 34957-5623 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Cosmetilopy HANdesign SErvice ARTICLE IV The number of shares of stock is: MOOARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Chary De Meyere President 1518 SE Royal green Circle (5203) Pet ST. Luite F1. 34952 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Cheryc Demeyor Jun Circle (520) Par 57 LUCIUFI 34952 ARTICLE VII ___ INCORPORATOR The name and address of the Incorporator is: Cheigl De Meyere Circle (5203) 1518 Sc Rynchroen Circle (5203) Port Si Licie H. 34952 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

ARTICLES OF INCORPORATION