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TRANSMITTAL LETTER

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

SUBJECT: Robert	Anthony's Total Service Salon In (PROPOSED CORPORA	ic. ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	, , , , , , , , , , , , , , , , , , , ,		
□ \$70.00 Filing Fee	Filing Fee	Filing Fee & Certified Copy	Filing Fee. Certified Copy & Certificate of Status
FROM: Ro	bert A. Andrews		
11(0111.	Name	(Printed or typed)	
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	City	. State & Zip	3:17

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

Daytime Telephone number

386-453-4920

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:

Robert Anthony's Total Service Salon Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 127 East New York Ave. Deland, Fl. 32724

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Hair and Nail Salon/Tanning

ARTICLE IV SHARES

The number of shares of stock is: 100 shares/ no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Robert A. Andrews President 1750 Dublin Rd. Deltona, Fl. 32738

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is.

Robert A. Andrews President 1750 Dublin Rd. Deltona, Fl. 32738

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert A. Andrews President 1750 Dublin Rd. Deltona, Fl. 32738

ignature/Registered Agen

Signature incorporator

Date

)ate

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