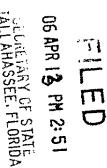
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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVÉR LETTER

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

SUBJECT:	PROPOSED CORPORAT	tair Salc	UDE SUFFIX)	
P. L. J.				
Enclosed are an orig	sinal and one (1) copy of the artic \$78.75 Filing Fee & Certificate of Status	cles of incorporation and \$\sum_\\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	DONNA Name (Printed or typed)	Dr.	
	Riverview	ddress State & Zip	569	
813-657-0976 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:	
Froncillo's Hair Salon, Inc.	unio.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 10416 Deeployook Dr. Priverview, PL 33569 ARTICLE III PURPOSE The purpose for which the corporation is organized is: HAIR SALON	FILED 06 APR 13 PM 2:51 SEURE JARY OF STATE JALLAHASSEE, FLORIDA
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): DAVID Froncillo - President DONNA FRONCILLO - VICE President	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered and the name and Froncillo 10416 Deepbrook Dr. RIVERVILLU, FL 33569 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: DONNA FRONCILLO 10416 Deepbrook Dr. RIVERVILLU FL 33569	******
Having been named as registered agent to accept service of process for the above stated corporatio certificate, I am familiar with and accept the appointment as registered agent and agree to act in this	
RODA OM Froncillo 4	111/06
Signature/Registered Agent 4	Date 4 1 1 10 10
Signature/Incorporator /	Date