P0600006700

(Re	equestor's Name)	_
(Ad	dress)	
(Ad	ldress)	_
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500074003725

05/10/06--01008--007 **70.00

6 HAY 12 AM 10: 53 ECRETARY OF STATE

Pa

de slu

COVER LETTER

Department of State Division of Corporations		
P.O. Box 6327	مضميا فهواري والمرافق والمعاقبين فالأنباء والمعاري والمعاري	
Tallahassee, FL 32314	,	
	TE NAME – <u>MUST INCLUDE SUFFIX</u>)	
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:	
▼ \$70.00 □ \$78.75 Filing Fee & Certificate of Status	S78.75 S87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate o Status ADDITIONAL COPY REQUIRED	
ԴԾՀԻ Հրույն հայ հրավում FROM: Morris J. Lipnik, M.D.	the the second of the second o	
Name	(Printed or typed)	
27730 Riverwalk Way		
` .	Address	
Bonita Springs, FL 3413		
City,	State & Zip	
239-498-2207		•
Daytime T	elephone number	

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

The second secon

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:

Hair Renew, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 27730 Riverwalk Way Bonita Springs, FL 34134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Morts J. Lipnik, M.C. - Presi 27730 Riverwellt Way Bootle Strategy Et 34134

Lole W. Lignik - Vice President 27730 Riversellik Way Shalle Statege Ct. 24124

Kristen Mays Little - Secretary 1830 Golden Gate Blvd. W. Namber El. 34120

Lols W. Liprik - Trespuser 27730 Silverwelk Way Bootle Statesus El. 14134

ARTICLE VI REGISTERED AGENT

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

Morris J. Lipnik, M.D.

27730 Riverwalk Way

Bonita Springs, FL 34134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Morris J. Lipnik, M.D.

27730 Riverwalk Way

Bonita Springs, FL 34134

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this confidence. Low familiar with and accept the appointment as registered agent and cores to act in this conacity

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

2/0/0

Date

70

SECRETARY OF STA