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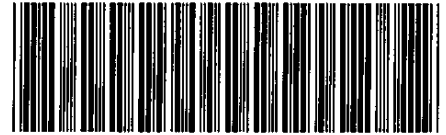
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT:

TRANSITIONS BEAUTY Supply INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

VESTA T. JONES

Name (Printed or typed)

5416 ASTRAL ST.

Address

JAX-FLA- 32205

City, State & Zip

904-3789129

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2006

VESTA T. JONES
5416 ASTRAL ST.
JACKSONVILLE, FL 32205

SUBJECT: TRANZITIONS BEAUTY SUPPLY
Ref. Number: W06000052367

21-2

RECEIVED
06 DEC 11 AM 10:27
DIVISION OF CORPORATIONS
TALLahassee, FL 32309

We have received your document for TRANZITIONS BEAUTY SUPPLY. However, the document has not been filed and is being returned for the following:

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock.

An effective date may be added to the Articles of Incorporation if a 2007 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Document Specialist
New Filing Section

Letter Number: 806A00069448

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 62, S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

TRANZitions Beauty Supply INCORPORATED (EFFECTIVE DATE FEBRUARY 1, 2007)

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

TRANZitions Beauty Supply INCORPORATED
Kingdom PLAZA 5732 NORMANDY BLVD
SAX FIA. 32205

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PURCHASE AND RETAIL AND
RESALE BEAUTY PRODUCTS AT A FAIR MARKET PRICE.

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):

VESTA T. JONES 5416 ASTRAL ST. STORE MANAGER
SAX FIA. 32205

ARTICLE VI REGISTERED AGENT

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

VESTA T. JONES 5416 ASTRAL ST.
SAX-FIA. 32205

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

VESTA T. JONES
5732 NORMANDY BLVD.
SAX FIA. 32205 suite 8

FEBRUARY 1, 2007 EFFECTIVE DATE

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

Vesta M Jones
Signature/Registered Agent

02/01/07
Date

Vesta MAE T. Jones
Signature/Incorporator

02/01/07
Date

2006 DEC 11 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED