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SECRETARY OF STATE FALLAHASSEE, FI ORIGINAL

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COVER LETTER

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

2 44-34-3

SUBJECT:	ECT: BEAUTIFUL YOU SALON INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and a	a check for:	
□ \$70.00 Filing Feë	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COP	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:		EA CREARY e (Printed or typed)		
		niversity Drive, # 38	7	
		, Florida 33067.		
		y, State & Zip 506-6962		
-		Telephone number		
1	NOTE: Please provide the o	original and one copy of t	he articles.	
	and the second of the second	Marian Barana Ka	•	
		<u> </u>		
		jane e Posta	-	

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:

BEAUTIFUL YOU SALON, INC.

OT NOVIS PH 3: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4613 N, University Drive, #387 Coral Springs, Florida 33067.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FACIALS, BODY MASSAGES, NAILS, HAIRDRESSING AND BARBERING.

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):

Mrs. ALTHEA A. CREARY - PRESIDENT 4613 N. University Drive, # 387 Coral Springs, Florida 33067.

Mr. Sandy Creary - Vice President 4613 N. University Drive, # 387 Coral Springs, Florida 33067.

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

Mrs. Althea Creary

4613 N. University Drive, # 387 Coral Springs, Florida 33067.

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SECRETARY OF STATE TALL AHASSEE, FLORIDA

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is: Mrs. Althea Creary

4613 N. University Drive, # 387 Coral Springs, Florida 33067.	
Corai Spilligs, Florida 33007.	
*****************	********
Having been named as registered agent to accept service of process for the c certificate, I am familiar with and accept the appointment as registered agent	above stated corporation at the place designated in this and agree to act in this capacity
Althea Vist.	11/10/07
Signature/Registered Agent	/ Date
Althea L.	11/10/07
Signature/Incorporator	/ Date