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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

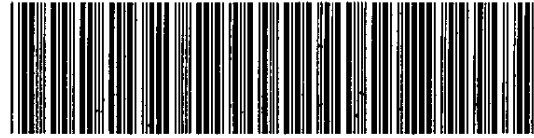
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JUN -6 PM 4:27

EP 6/6/08

## COVER LETTER

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

SUBJECT: Identity Hair & Nails, 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: Tina Behesht  
Name (Printed or typed)

2226 SW Newport Is Blvd.  
Address

Port St. Lucie, FL 34953  
City, State & Zip

954-815-4518  
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:

Identity Hair & Nails, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2752 S.W. Brigantine Place (principal address)  
2226 SW Newport Is Blvd, Port St. Lucie FL 34953 (mailing address)

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct a profitable 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):

Tina Beheshti - President.  
2226 S.W. Newport Is Blvd.  
Port St. Lucie, FL 34953

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### ARTICLE VI REGISTERED AGENT

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

Tina Beheshti  
2226 SW Newport Is Blvd.  
Port St. Lucie FL 34953

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tina Beheshti  
2226 SW Newport Is Blvd.  
Port St. Lucie FL 34953

\*\*\*\*\*  
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

Tina Beheshti  
Signature/Registered Agent  
Tina Beheshti  
Signature/Incorporator

6/2/08  
Date  
6/2/08  
Date