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COVER LETTER

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

rj

SUBJECT:	Salon Joli,Inc.			
	(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:	
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
FROM:	Estabrook & Co P.C Name (Printed or typed) 4904 Harford Rd			
		ore, Md. 21214 v, State & Zip		
		0-444-0002 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:

Salon Joli, Inc.

ARTICLE II PRINCIPAL OFFICE

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

173 Old Meadow Way

Palm Beach Gardens, FL. 33418

(172 old meadow way)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Salon Services

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sara Butler

172 Old Meadow Way

Palm Beach Gardens, FL. 33418

ARTICLE VI REGISTERED AGENT

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

Sara Butler

172 Old Meadow Way

Palm Beach Gardens, FL. 33418

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Jay Estabrook 4904 Harford Rd

Baltimore, Md. 21214

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

Jay Esmbnok

5/9/08 Date

Date

Signature/Registered Agent

Signature/Indergorator