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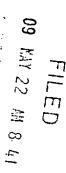
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COVER LETTER

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

SUBJECT:	Kristing (Proposed corpora	Macdonald, I TENAME-MUSTINCL	UDE SÚFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:		
□ \$70.00	\$78.75	\$78.75	\$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
		ADDITIONAL CO	Status PV REQUIRED		
		ADDITIONAL CO	T REQUIRED		
FROM:	Kristina Mecalonald				
	Name (Printed or typed)				
		1 1			
	7306 Myrtlewood cir west				
		, , , , , , , , , , , , , , , , , , , ,			
	PI Book	a Gradina Fl	33418		
	City	n Gardens, F.L., State & Zip			
		76-2352			
	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:

Kristina Macdonald, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7306 Myrtlewood cir west.

Palm Beach Gardens, F.L. 33418

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to Cosmetologist

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):

Kristina Marie Macdonald

7306 Myrthewood cir west Palm Beach Gardens F.L. 33418

President/Secretary

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