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DIVISION OF CORPORATIONS

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## COVER LETTER

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

SUBJECT: Hand's All Natural Hair Products 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:

Linda L. Simmons

Name (Printed or typed)

5108 8th Ave. South

Address

Gulfport, FL 33707

City, State & Zip

727-642-6695

Daytime Telephone number

shabba@verizon.net

E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2011 MAR -2 AM 10:00

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**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: **ILANA ALL NATURAL HAIR PRODUCTS INC.**

## ARTICLE II PRINCIPAL OFFICE

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

**5108 8th Ave South  
Gulf Port, FL. 33707**

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **To make and distribute hair products**

## ARTICLE IV SHARES

The number of shares of stock is: **One**

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

**Linda L. Simmons (Director)  
5108 8th Ave. South  
Gulf Port, FL. 33707**

## ARTICLE VI REGISTERED AGENT

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

**Linda L. Simmons  
5108 8th Ave. South  
Gulf Port, FL. 33707**

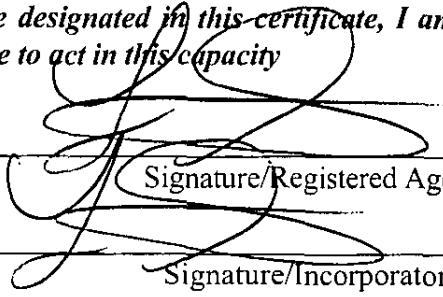
## ARTICLE VII INCORPORATOR

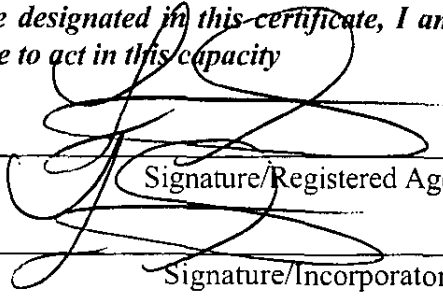
The name and address of the Incorporator is:

**Linda L. Simmons  
5108 8th Ave. South  
Gulf Port, FL. 33707**

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

**2-23-11**

\_\_\_\_\_  
Date

**2-23-11**

\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAR -2 AM 10:00

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