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| PICK-UP WAIT MAIL | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATE FALLAHASSEE, FLORID

1. Silvers MAR 0.6 3014-6497



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 24, 2012

JAMIE JOHNSON 5425 LOCHDALE DR ORLANDO, FL 32818

SUBJECT: JAMIE'S HAIR FASHION CO.

Ref. Number: W12000004379

We have received your document for JAMIE'S HAIR FASHION CO. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6929.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 812A00001649

COVER LETTER ,

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

| SUBJECT: Jamie's Hair F | ashion & CO. TENAME-MUST INCLUDE SUFFIX) | | |
|--------------------------------------------------------|-----------------------------------------------------------------|--|--|
| Enclosed are an original and one (1) copy of the artic | | | |
| \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy & Certificate of Status | | |
| | ADDITIONAL COPY REQUIRED | | |
| FROM: Jamie Jo | Chnson (Printed or typed) | | |
| 5425] | Lachdale Drive | | |
| Orla City, | ndo FL 32818 State & Zip | | |
| Un-257-7202 Daytime Telephone number | | | |
| E-mail address: (to be used | Walkhalagmall. am If for future annual report notification) | | |

NOTE: Please provide the original and one copy of the articles.

| | ARTICLES OF INCOME In compliance with Chapter 607 and/o | r Chapter 621, F.S. (Prof | 11 / | |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------|--|
| ARTICLE I The name of the co | NAME orporation shall be: | una Jamies Ho | Lir Foshion co. | |
| ARTICLE II | PRINCIPAL OFFICE Principal street address 5425 Lochdall Drive | Mailing address, if different is: | | |
| | Orlando PL 32818 | | Same." | |
| ARTICLE III The purpose for v | PURPOSE which the corporation is organized is: Starting up my Hair, Waxing & Na | owln Business Is. | doing | |
| ARTICLE IV The number of sha | SHARES ares of stock is: | | | |
| ARTICLE V Name and T Address: | INITIAL OFFICERS AND/OR DIRECTORS itle: INNIN TOME TO 1000 | Address: | | |
| Name and T Address: | Title: | Address: | | |
| Name and T Address: | ritle: | Name and Title:Address: | | |
| ARTICLE VI | REGISTERED AGENT | | 2 HJ | |
| | orida street address (P.O. Box NOT acceptable) of t | he registered agent is: | THAR RETAIN | |
| Name: Address: | Jame Johnson 5425 Iochaale Drive Oxlando FL 32818 | | SEE, FL | |
| ARTICLE VII | INCORPORATOR | | | |
| The <u>name and ad</u> Name: Address: | Idress of the Incorporator is: Jamy Johnson Syz S Jochaal Print: Olando FL 32818 | | 9 | |
| | ned as registered agent to accept service of process jum familiar with and accept the appointment as regis | | act in this capacity | |
| | Required Signature/Registered Agent | | 12/20/2011 - 1/8/2012 Date | |
| | ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony | | 55, F.S. | |
| | Required Signature/Incorporator | - · · · · · · · · · · · · · · · · · · · | 12/2012- 1/8/2017 | |

EXPIRES November 18, 2013

(2/20/11