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2/23/95 Linda

Address

City State ZIP Phone

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SECREMAN AND STORE

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CORPORATION(S) NAME

() Call When Ready () Walk in (() Call II Problem) Will Wait (Y Pick	() After 4:30 Up () Mall Out
イ)Certified Copy	() Photo Copies	() Certificate Under Seal
() Limited Pertnership () Reinstatement	() Annual Report () Reservation	() Other () Change of Registered Agent
() Foreign	() Dissolution	() Mark C
() Profit () NonProfit	() Amendment	() Merger () ()
		SEED 2
RPPE	ARANCES SALVI	N INC.

Name
Availability

Document
Examiner

Updater

Verifler

Acknowledgment

W.P. Verifler

CERTIFIED COPY

12/21/95

No Toll Free: 1-800-432-3028

CD2E031 (DR-85)

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A	RTICLES OF INCO	ORPORATIO!	N F	in En
	of		05 50-	
1.			95 FED 2	4 FN 12 23
PPEAR	ANCES S	A LON	L Michigan	To the second
The undersigned subscriber(s) to these orporation under the laws of the State	Articles of Incorporation.		mpetent to contract,	hereby form a
	ARTICLE I - CORPO	RATE NAME		
The name of the corporation is:	C	1		
Appear	inces)	a Lon	-Lvc.	
,	ARTICLE II - DU	/RATION		
This corporation shall exist perpetual	y unless dissolved accordin	g to Florida law.		
	ARTICLE III - P	URPOSE		
The corporation is organized for the p United States and the State of Florida		activities or business	s permitted under the	e laws of the
	ARTICLE IV- CAPI	TAL STOCK		
The corporation is authorized to issue	500	shares (<i>500</i>)	of <u>ONE</u>	
Dollar(s) (\$) par va	ilue Common Stock, which	shall be designated	"Common Shares".	
ARTIC	LE V - INITIAL REGISTER	ED OFFICE AND A	AGENT	
The street address of the Initial Regis	tered Agent office and the r	name of the Initial R	egistered Agent at th	nat office is:
NAME Molores Fra	NOPOWAK			
ADDRESS 2550 OKe	chobee bl	lvd. Si	uTe-K	
CITY W. PALM BEAC	· h	FLORIDA		ZIP 3340
	· · · · · · · · · · · · · · · · · · ·	aration is:		
The principal office, if known, or the	maning address of the corp	oration 18:		
NAME Dolores Fr				
ADDRESS 2050 OKee		d. Sui	te-K	
CITY W. PALM BEAC	6	FLORIDA		.:IP 334/0

ARTICLE VI - INITIAL BOARD OF DIRECTORS

NAME Dolores Franckou	WIAK	
ADDRESS 355 W. Shadysia	_	
CITY W. Palm Beach	STATE Florida	ZIP 3340
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
ADDRESS 355 W. Shadysid	e Circle	
ADDRESS 355 W. Shadysid	e Circle	ZIP <u>3</u> 34//
ADDRESS 355 W. Shadysid CITY W. Palm Beach NAME	e Circle	
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ADDRESS 355 W. Shadysid CITY W. Palm Reach NAME ADDRESS CITY NAME ADDRESS CITY IN WITNESS WHEREOF, the undersigned subscr	STATE Florida STATE STATE	ZIP ZIP
ADDRESS 355 W. Shadysid CITY W. Palm Beach NAME ADDRESS CITY NAME ADDRESS CITY IN WITNESS WHEREOF, the undersigned subscr	STATE Florida STATE STATE	ZIP ZIP
ADDRESS 355 W. Shadysid CITY W. Palm Beach NAME ADDRESS CITY NAME	STATE Florida STATE STATE	ZIP 3344 /

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

95 FEB 24 PH 12 23

CERTIFICATE OF REGISTERED AGENT
OF

Appearances Salon Trc.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at <u>-2.5</u>	<u>50 0</u> /	Keechob	ee BLV	<u>d. </u>	SuiTe-	<u></u>
	_	_	FLorida			=
		<u> </u>	NCKOWIA		•	
located at the a	foresaid add	ress, as its Reg	istered Agent to a	accept serv	vice of process	withir
this state.						

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position. I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

dalares Frankowick (registered agent)