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Saylor
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March 20, 1995

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

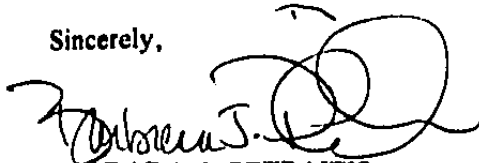
Re: Incorporation of
Alternative Beauty Concepts, Inc.

Dear Secretary of State:

Enclosed are two original articles of incorporation with attached certificates designating registered agent, together with a check in the amount of \$122.50 representing the filing fee for the articles and the certificates and one certified copy of each.

Please return the certified copies of the articles and certificate designating registered agent to the undersigned. Thank you for your anticipated cooperation and should you have any comments or questions, please do not hesitate to contact us.

Sincerely,


BARBARA J. PETRAITIS
Paralegal

BJP
encl.

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****122.50 ****122.50

FILED
MAR 22 PM 1:18
TALLAHASSEE, FLORIDA

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3/23/95
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1995 MAR 22 PM 1:18
STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
ALTERNATIVE BEAUTY CONCEPTS, INC.**

The undersigned subscribers to these Articles of Incorporation, each a natural person competent to contract, hereby associate themselves together to form a corporation under the law of the State of Florida.

ARTICLE I.

The name of this corporation shall be ALTERNATIVE BEAUTY CONCEPTS, INC.

ARTICLE II.

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III.

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is ONE HUNDRED (100), which shall be at a par value of TEN DOLLAR \$ (\$10.00).

The whole or any part of the capital stock of said corporation shall be payable in lawful money of the United States of America, or property, labor or services at a just valuation to be fixed by the stockholders. Property, labor or services may also be purchased with the capital stock at such valuation as shall be fixed by the stockholders.

ARTICLE IV.

The amount of capital with which this corporation will begin business is not less than FIVE HUNDRED (\$500.00) DOLLARS.

ARTICLE V.

This corporation shall have perpetual existence unless sooner dissolved pursuant to law.

ARTICLE VI.

The initial address of the principal office of this corporation in the State of Florida is 2036 N.E. 30th Street, Fort Lauderdale, FL 33306, with privilege, however, of having branch offices or places of business at any other place or places within or without the State of Florida or in foreign countries.

ARTICLE VII.

The names and street addresses of the initial officers and registered agent are:

President/Director: Kerry D. Kline, 2036 N.E. 30th Street, Fort Lauderdale, FL 33306.

Vice President/Registered Agent: William F. Gregorek, 2036 N.E. 30th Street, Fort Lauderdale, FL 33306.

Kerry D. Kline

KERRY D. KLINE
President/Director

William F. Gregorek

WILLIAM F. GREGOREK
Vice President/Registered Agent

STATE OF FLORIDA

COUNTY OF PALM BEACH

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgements, personally appeared KERRY D. KLINE and WILLIAM F. GREGOREK, the persons described in and who executed the foregoing Articles of Incorporation of ALTERNATIVE BEAUTY CONCEPTS, INC., who are personally known to me and who acknowledged before me that they subscribed to these Articles of Incorporation.

WITNESS my hand and official seal in the State and County last aforesaid this 17th day of March, 1995.



[SEAL]

Barbara J. Petraitis
Notary Public, State of Florida
Name printed: BARBARA J. PETRAITIS
Commission number: CC 207484
Commission expiration: 7-6-96

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED.**

FILED
MAR 22 PM 1:18
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First --- That ALTERNATIVE BEAUTY CONCEPTS, INC., desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation at 2036 N.E. 30th Street, Fort Lauderdale, FL 33306, County of Broward, State of Florida has named WILLIAM F. GREGOREK, who is located at 2036 N.E. 30th Street, Fort Lauderdale, FL 33306, County of Broward, State of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.


WILLIAM F. GREGOREK
Registered Agent

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 NOV -11 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000023549**

1. Corporation Name

ALTERNATIVE BEAUTY CONCEPTS, INC.

Principal Place of Business

2006 NE 30TH ST.
FT. LAUDERDALE FL 33308

Mailing Address

2006 NE 30TH ST.
FT. LAUDERDALE FL 33308

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/1995

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	KLINE, KERRY D	2006 NE 30TH ST.	FT. LAUDERDALE FL 33308
V	GREGOREK, WILLIAM F	2006 NE 30TH ST.	FT. LAUDERDALE FL 33308

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11/88/96-01098-007
****375.00 ****375.00

JB11-7-96

8. Name and Address of Current Registered Agent

GREGOREK, WILLIAM F
2006 NE 30TH ST.
FT. LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

William F. Gregorek

Date

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Kerry D. Kline

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/96

Date

305 563 0270

Daytime Phone #

Form **SS-4**
(Rev. 10-27-93)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

OMB No. 1545-0047
E (9999) 1-21-94

1 Name of applicant (Legal name) (See instructions.) ALTERNATIVE BEAUTY CONCEPTS, INC.	
2 Trade name of business, if different from name in line 1	3 Employer, trustee, "care of" name KERRY D. KLINE
4a Mailing address (street address) (room, apt., or suite no.) 2036 N.E. 30TH ST	4b Business address, if different from address in lines 4a and 4c
4c City, state, and ZIP code FT. LAUDERDALE, FL 33306	5a City, state, and ZIP code
6 County and state where principal business is located BROWARD, FLORIDA	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) KERRY D. KLINE 217-80-5840	
8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> REMC <input type="checkbox"/> State/local government <input type="checkbox"/> Other nonprofit organization (specify) <input type="checkbox"/> Other (specify) > <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator-SSN <input checked="" type="checkbox"/> Other corporation (specify) DISTRIBUTION <input type="checkbox"/> Federal government/military <input type="checkbox"/> Church or church controlled organization	
8b If a corporation, name the state or foreign country where incorporated FLORIDA	
9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business (specify) DISTRIBUTION <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) > <input type="checkbox"/> Banking purpose (specify) > <input type="checkbox"/> Changed type of organization (specify) > <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) >	
10 Date business started or acquired (Mo., day, year) (See instructions.) 10/31/96	11 Enter closing month of accounting year. (See instructions.) DECEMBER
12 First date wages or annuities were paid or will be paid (Mo., day, year). (Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year).) 6/1/97	
13 Enter highest number of employees expected in the next 12 months. (Note: If the applicant does not expect to have any employees during the period, enter "0".) 0	
14 Principal activity (See instructions.) DISTRIBUTION OF WHOLESALE BEAUTY SUPPLIES	
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used > <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16 To whom are most of the products or services sold? Please check the appropriate box. <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) > <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A	
17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application. Legal name > Trade name >	
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN	
Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	
Name and title (Please type or print clearly.) KERRY D. KLINE Business telephone number (Include area code) 954-563-0270	
Signature Kerry D. Kline Date 10/31/96	
Please leave blank: Do not write below this line. For official use only.	
Please leave blank: Do not write below this line. For official use only.	