

P95000027413

TRANSMITTAL LETTER

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

400001447654  
-04/05/95--01023--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Shear Magic Hair Studio, Inc.  
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 70.00.

FROM:

Shear Magic Hair Studio, Inc.

Name

6215 Deltona Blvd

Address

Spring Hill, FL 34613

City, State, & Zip

(904) 596-0966

Telephone Number

*Jammie* GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT *Art II*  
DATE *4/6/95*  
DOC. EXAM. *BR*

FILED  
95 APR -3 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Note: Additional copy of articles is needed only when certified copy is requested.

REGISTER APR 6 1995

**ARTICLES OF INCORPORATION**  
**OF**

FILED  
95 APR -3 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Shear Magic Hair Studio, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of corporation shall be:

Shear Magic Hair Studio, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

6215 Deltona Blvd  
Spring Hill, FL 34613

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One thousand

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Jerry D. O'Neal  
6215 Deltona Blvd  
Spring Hill, FL 34613

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Jorry D. O'Neal  
6530 Magee St  
Brooksville, FL 34613

The undersigned has(have) executed these Articles of Incorporation  
this 29th day of March, 1995.

 President  
\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Shear Magic Hair Studio, Inc.

2. The name and address of the registered agent and office is:

Jerry D. O'Neal

(NAME)

6215 Deltona Blvd

(P.O. BOX NOT ACCEPTABLE)

Spring Hill, FL 34613

(CITY/STATE/ZIP)

FILED  
APR -3 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SIGNATURE [Signature]

(Corporate officer)

TITLE President

DATE 3/29/95

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE [Signature]

DATE 3/29/95

REGISTERED AGENT FILING FEE: \$35.00