

(SAMPLE LETTER OF TRANSMITTAL)

P95000046281

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

Re: LA Imagination Hair & Nails, Inc.
(name of corporation)

500001509655
-06/09/95--01040--018
****122.50 ****122.50

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Ann Marie DiStefano

Ann Marie DiStefano
(individual's name)

LA Imagination Hair & Nails, Inc.
(name of corporation)

FILED
95 JUN -9 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DMC
6-14-95*

MAILING ADDRESS OF CORPORATION		
5769 NW 48th Drive		
Coral Springs, FL 33067		
PHONE		
(305)	572	3303
Area Code	Number	Ext.

ARTICLES OF INCORPORATION

of

LA Imagination Hair & Nails, Inc.

(name of corporation)

FILED

95 JUN -9 PM 3:52

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - CORPORATE NAME

The name of the corporation is:

LA Imagination Hair & Nails, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. Hair and Nail Salon

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue five hundred shares (500) of common Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated 'Common Shares.'

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>LA Imagination Hair & Nails, Inc.</u>		
ADDRESS	<u>5769 NW 48th Drive</u>		
CITY	<u>Coral Springs</u>	FLORIDA	ZIP <u>33067</u>

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	<u>Ann Marie DiStefano</u>		
ADDRESS	<u>5769 NW 48th Drive</u>		
CITY	<u>Coral Springs</u>	FLORIDA	ZIP <u>33067</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>Ann Marie DiStefano</u>		
ADDRESS	<u>5769 NW 48th Drive</u>		
CITY	<u>Coral Springs</u>	STATE <u>Florida</u>	ZIP <u>33067</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Ann Marie DiStefano		
ADDRESS	5769 NW 48th Drive		
CITY	Coral Springs	STATE	FL. ZIP 33067
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 6th day of June, 19 95.

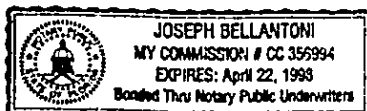
Ann Marie DiStefano (Seal)
 _____ (Seal)
 _____ (Seal)

STATE OF FLORIDA)
 COUNTY OF Broward) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

<u>Ann Marie DiStefano</u> Signature (Ann Marie DiStefano)	_____
_____	Form of Identification
_____	Form of Identification
_____	Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that _____ executed these Articles of Incorporation, that I relied upon the form _____ of identification of the above named person _____ as indicated opposite each name, and that an oath (was)(was not) taken.



Witness my hand and official seal in the County and State last aforesaid this 6th day of June, 19 95.
Joseph Bellantoni
 Notary Signature
Joseph Bellantoni
 Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

FILED

95 JUN -9 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LA Imagination Hair & Nails, Inc.
(name of corporation)

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 5769 NW 48th Drive
Coral Springs, FL 33067

has named Ann Marie DiStefano
located at the aforesaid address, as its Registered Agent to accept service of process
within 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.

Ann Marie DiStefano
(registered agent)

P95000046281

Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

August 31, 1995

FILED
SEP 29 AM 9:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Enclosed please find Articles of Dissolution for LA IMAGINATION
HAIR & NAILS, INC. A check made payable to the Florida Dept. of
State in the amount of \$35.00 is also enclosed. Any further
inquiries regarding this request should be directed to the
president of LA IMAGINATION at the following address/number:

ANN MARIE DISTEFANO
5769 NW 48th Drive
Coral Springs, FL 33067
(305) 345-8498

700001578697
-09/06/95--01071--013
*****35.00 *****35.00

Thankyou,

Ann Marie Distefano

ANN MARIE DISTEFANO
President
LA IMAGINATION HAIR & NAILS, INC.

Uoldis

AMD:lvh

VS OCT 3 1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

September 11, 1995

ANN MARIE DISTEFANO
5769 NW 48TH DRIVE
CORAL SPRINGS, FL 33067

SUBJECT: LA IMAGINATION HAIR & NAILS, INC.
Ref. Number: P95000046281

We have received your document for LA IMAGINATION HAIR & NAILS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

Please return 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 (904) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 295A000-1683

RECEIVED
95 SEP 21 AM 11:13
DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION

FILED
95 SEP 29 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is LA IMAGINATION HAIR & NAILS, INC.

SECOND: The articles of incorporation were filed on JUNE 9, 1995

THIRD: (CHECK ONE)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 31 day of AUGUST, 19 95

Signature Ann Marie DiStefano
(By an incorporator if adopted by the incorporators or by the chairman or vice chairman of the board, president, or other officer if adopted by the directors)

ANN MARIE DiSTEFANO

(Typed or printed name)

PRESIDENT-DIRECTOR

(Title)