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WAR C. DA DOVIE L. ROSS 3017 BLAINE CIRCLE DELTONA, FL - 32732	
(City, State, Zip) (Phone #)	OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if Loown):

(Corpora	tion Name)	(Document #)			_
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NEW FILINGS Profit NonProfit	AMENDMENTS Amendment Resignation of R.A., Office://	Certificate of Statu	-	38	

 OTHER FILINGS	
Annual Report	
Fictitious Name	
Name Reservation	

CR2E031(10/92)

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

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Examiner's Initials

ARTICLES OF INCORPORATION

<u>Q</u>E

- Dovin's Mobile Waircare 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 the corporation shall be:

Dovie's Mobile Haircare Inc.

1 1 C C STATE
SECRETARY OF STATE
TALL THASSEE, FORD

ARTICLE II PRINCIPAL OFFICE

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

3017 Blaine Circle Deltona, Florida 32738

ARTICLE III CAPITAL STOCK

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

Hundred

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dovie Lynn Ross 3017 Blaine Circle Deltona, Florida 32738

ARTICLE V INCORPORATOR(S)

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

Dovie Lynn Ross

3017 Blaine Circle Deltona, Florida 32738

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501. 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.

	Dovie's Mobile Haircare Inc.	
The name and address	s of the registered agent and office is:	
Dovie Lynn Ross		70 3
	(NAME)	F.C. S
3017 Blaine Circ	le	AET ES
(P.C	D. BOX NOT ACCES TABLE)	<u> </u>
Deltona, Florida	32738	
	(CITY/STATE/ZIP)	

HAVING BEEN NAMED AS 1 STERED 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 Some Standard Some Standard S