

TRANSMITTAL LETTER

P95000065853

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

FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
95 AUG 21 PM 12: 20

SUBJECT: Hair Creations of Miami Inc _____

I enclose an original and 1 copy (xxxxx) of the Articles of Incorporation for the above corporation and a check in the amount of \$70.00.

SIGNED: Lakeisha J. Veargis

From:

800001568248
-08/24/95--01032--005

Lakeisha J Veargis _____
Name

*****70.00 *****70.00

8765 SW 175th Street _____
Address

Miami FL 33157 _____
City State Zip

(305) 253-2689

Telephone Number

cf 8/25/95

ARTICLES OF INCORPORATION
of

Hair Creations of Miami Inc _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

95 AUG 24 PM 12: 20

The name of the corporation shall be: Hair Creations of Miami Inc

ARTICLE II PRINCIPAL OFFICE

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

8765 SW 175th Street _____

Miami FL 33157 _____

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to
have outstanding at any one time is: 1000 shares at \$1 par. _____.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Lakeisha J Veargis _____

8765 SW 175th Street _____

Miami FL 33157 _____

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of
Incorporation is:

Lakeisha J Veargis _____

8765 SW 175th Street _____

Miami FL 33157 _____

The undersigned has executed these Articles of Incorporation this
____ 22nd ____ day of ____ Aug ____ 1995.

Lakeisha J Veargis

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:

Hair Creations of Miami Inc

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

Lakeisha J Veargis _____

8765 SW 175th Street _____

Miami FL 33157 _____

Signature: _____

Title: President _____

Date: _____ 08/22/95 _____

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STATE OF FLORIDA
CORPORATION DIVISION

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: _____

Date: _____ 08/22/95 _____