

P96000005263

TRANSMITTAL LETTER

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

SUBJECT: CATHLEEN'S Hair Designs INC
(Proposed corporate name - must include suffix)

000001716240
-02/15/96--01097--008
*****78.75 *****78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: CATHLEEN CONNELLY
Name (printed or typed)

446 BRIDGE PT RD
Address

NEW SMYRNA BCH FL
City, State & Zip

904-424-0195
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 FEB 15 PM 2:21

AL FEB 19 1995

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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DIVISION OF CORPORATIONS

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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:

CATHLEEN'S HAIR DESIGNS INC.

ARTICLE II PRINCIPAL OFFICE

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

615 NORTH DIXIE FREEWAY
NEW SMYRNA BCH FL
32168

ARTICLE III SHARES

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

100 SHARES AT \$6.00 A SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

John Connelly
1111 Brickyard Rd
New Smyrna Bch FL
32168

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Cathleen Connolly
446 Bridget Rd
New Smyrna Bch FL
32168

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

_____ day of Feb, 19 96.

Cathleen Connolly
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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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: CAMERON'S HWA DESIGNS INC.

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

John Connolly
(NAME)

446 Brickell Rd
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

New Smyrna Bch FL 32168
(CITY/STATE/ZIP)

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)