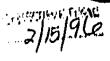
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|---------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OFFICE USE ONLY (Document #)                                                                                                    | ···                        | , ,                  | The state of the s |
| George D. Martin (Requestor's Name)  1836 N Crystal Lake Drive # (Address)  Lakeland, Florida 33801 (9- (City, State, Zip) (Pho | ·                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                 |                            | OFFICE USE ONLY      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CORPORATION NAME(S) & 1                                                                                                         | DOCUMENT NUMI              | BER(S) (if known):   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1. Sebring School of Hair (Corporation Name)                                                                                    | Design, Inc.               | (Document #)         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2. (Corporation Name)                                                                                                           |                            | (Document #)         | 30000719243                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 3,                                                                                                                              |                            |                      | 300001719243<br>-02/20/9601078008<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| (Corporation Name)                                                                                                              |                            | (Document #)         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4. (Corporation Name)                                                                                                           | <del>-</del>               | (Document #)         | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Walk in Pick up time                                                                                                            |                            | Certified Cop        | y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Mail out Will wait                                                                                                              | Photocopy                  | Certificate of S     | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| NEW FILINGS                                                                                                                     | AMENDME                    | NTS                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| XX Profit                                                                                                                       | Amendment                  |                      | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| NonProfit                                                                                                                       | Resignation of R.          | A., Officer/Director |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Limited Liability                                                                                                               | Change of Registe          | red Agent            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Domestication                                                                                                                   | Dissolution/Withdr         | awal                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Other                                                                                                                           | Merger                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                 |                            |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| OTHER FILNGS                                                                                                                    | REGISTRATION QUALIFICATION |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Annual Report                                                                                                                   | Foreign                    | \$0.943.43           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Fictitious Name                                                                                                                 | Limited Partnership        | <del>,</del>         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name Reservation                                                                                                                | Reinstatement              | $\vdash$             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| }                                                                                                                               | Trademark                  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| L L                                                                                                                             |                            |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

Other

Examiner's Initials

CR2E031(9/92)



#### ARTICLES OF INCORPORATION

OF

## SEBRING SCHOOL OF HAIR DESIGN, INC.

#### ARTICLE I - NAME AND ADDRESS

The name of this corporation is Sebring School of Hair Design, Inc. The physical and mailing address of the corporation is 1836 North Crystal Lake Drive #96, Lakeland, Florida 33801.

## ARTICLE II - COMMENCEMENT OF CORPORATION

This corporation shall commence its corporate existence on February 15, 1996.

#### ARTICLE III - DURATION

This corporation shall have perpetual existence.

#### ARTICLE IV - PURPOSE

This profit corporation is organized for the purpose of transacting any and all lawful business.

## ARTICLE V - CAPITAL STOCK

This corporation is authorized to issue 1000 shares of \$1.00 par value common stock.

## ARTICLE VI - REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is: 1836 North Crystal Lake Drive #96, Lakeland, Florida 33801, and the name of the initial registered agent of this corporation at that address is: George D. Martin.

#### ARTICLE VII - PRE-EMPTIVE RIGHTS

Pre-emptive rights are granted to all shareholders.

## ARTICLE VIII - INITIAL BOARD OF DIRECTORS

This corporation shall have one director initially. The number of directors may be either increased or diminished from time to time by the By-Laws. The name and address of the initial director of this corporation is:

George D. Martin 1836 N Crystal Lake Drive #96 Lakeland, FL 33801

## ARTICLE IX - INCORPORATORS

The name and address of the person signing these articles is:

George D. Martin 1836 N Crystal Lake Drive #96 Lakeland, FL 33801

IN WITNESS WHEREOF, the undersigned subscribers have executed these Articles of Incorporation this 15th day of February, 1996.

George D. Martin

STATE OF FLORIDA COUNTY OF POLK

The foregoing instrument was acknowledged before me this 15th day of February, 1996, by George D. Martin, who is personally known to me or provided a Florida drivers license, and who took an oath and affixed his signature as incorporator of Sebring School of Hair Design, Inc.

DEBRA A. TAYLOR
My Commission OC888547
Expires Mer. 27, 1985
Bonded By HAI
800-422-1856

Notary (Public (Commission No.: Commission Exp.:

# CERTIFICATE OF DESIGNATION OF 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.

| 1. | The name of the corporation is:                                               |
|----|-------------------------------------------------------------------------------|
|    | Sebring School of Hair Dezign, Inc.                                           |
| 2. | The name and address of the registered agent and office is:  George D. Martin |
|    | (Name)                                                                        |
|    | 177                                                                           |
|    | 1836 N Crystal Lake Drive #96                                                 |
|    | (P.O. Box NOT acceptable)                                                     |
|    | · · · · · · · · · · · · · · · · · · ·                                         |
|    | Lakeland, Florida 33801                                                       |
|    | (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

| CORPORATION       | Requestor's Name  N. CRISTAL  Address  Address  Phone #  N. NAME(S) & DOCUMENT | De 96 JUL -11 14 7: 55  SECRETARY OF STATE TALLAHASTE TO LORIDA  Office Use Only |            |
|-------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------|
| ,                 | WANTE(S) & DOCUMENT                                                            | i nomber(5), (ii known);                                                         |            |
| 1(Co              | rporation Name)                                                                | (Document #)                                                                     |            |
| 2                 |                                                                                | •                                                                                |            |
| (Co               | rporation Name)                                                                | (Document #)                                                                     |            |
| 3(Co              | rporation Name)                                                                | (Document #)                                                                     | 4 ***      |
| . 4.              | •                                                                              | -07/16/960111901                                                                 |            |
| (Cor              | poration Name)                                                                 | #####35.00 #####35.<br>(Document#)                                               | יטט        |
| ☐ Walk in         | <b>□</b>                                                                       | <b>'</b> D                                                                       |            |
|                   | Pick up time                                                                   | Certified Copy                                                                   |            |
| Mail out          | ■ Will wait ■ Photoco                                                          | copy Certificate of Status                                                       |            |
| ZWNEW FILINGS     | AMENDMENTS                                                                     |                                                                                  |            |
| Profit            | Amendment                                                                      |                                                                                  |            |
| NonProfit         | Resignation of R.A., Officer/                                                  | r/ Director                                                                      |            |
| Limited Liability | Change of Registered Agent                                                     | t                                                                                |            |
| Domestication     | Dissolution/Withdrawal                                                         |                                                                                  |            |
| Other             | Merger                                                                         |                                                                                  |            |
| OTHER TIANGS      | F Taxestaviose                                                                 |                                                                                  |            |
| Annual Report     | CONTRACTOR STATES                                                              |                                                                                  |            |
| Fictitious Name   | Foreign                                                                        |                                                                                  |            |
| Name Reservation  | Limited Partnership                                                            | 7                                                                                |            |
| 1844              | Reinstatement                                                                  |                                                                                  |            |
|                   | Trademark                                                                      | N. HENDRICKS JUL 1 1 1996                                                        |            |
|                   | Other                                                                          |                                                                                  |            |
|                   |                                                                                |                                                                                  | <u>.</u> . |
| CR2E031(1/95)     |                                                                                | Examiner's Initials                                                              | ]          |

## ARTICLES OF DISSOLUTION

FILED

96 JUL - 11 AN 7:55

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following
TALLARAMENT OF STATE
TALLARAMENT OF STATE The name of the corporation is: SCBRING SCHOOL OF FIRST: HAIR DESIGN, INC. SECOND: The articles of incorporation were filed on: 15 1994 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 (CITICK ON!!) A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution. Signed this 3 day of JULY, 19 94. Signature \_ (By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)