

P96000P 23537

(Phone #)

F. CHESSER MAY 15 1996

**Articles of Incorporation of**  
**BOX STYLIST CORP.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

1. The name of the corporation shall be:

**BOX STYLIST CORP.**

2. The purposes for which this corporation is formed is as follows:

To engage in any activity for which corporations may be organized under the Florida Business Corporation Act.

3. The principal place of business of this corporation shall be:

79 Albertson Avenue  
Albertson, NY 11507

4. The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares with no par value.

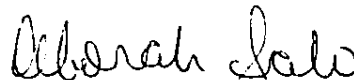
5. The name and address of the initial registered agent is:

NRAI Services, Inc.  
526 E. Park Avenue  
Tallahassee, FL 32301

6. The name and street address of the incorporator to these articles of incorporation is:

Deborah Salo  
Intercounty Clearance Corporation  
111 Washington Ave.  
Albany, NY 12210

The undersigned has executed these Articles of Incorporation this 14th day of March, 1996.



Incorporator

**Certificate of Designation  
Registered Agent/Registered Office**

Pursuant to the provisions of Sections 607.0501 and 607.0505, 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 **BOX STYLIST CORP.**
2. The name and address of the registered agent and office is:

NRAI Services, Inc.  
526 E. Park Avenue Suite 200  
Tallahassee, FL 32301

FILED  
MAR 15 PM 1:59  
TALLAHASSEE, FL  
CLERK OF COURT

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 \_\_\_\_\_

*Ed Hand*

DATE \_\_\_\_\_

*3-15-96*

P96000023537

Requestor's Name

HOWARD I. HORN, Esq.  
580 STEWART AVENUE  
SUITE 400  
GARDEN CITY, N. Y. 11530

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 900001871509  
-06/21/96--01085--005
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \*\*\*\*\*35.00 \*\*\*\*\*35.00
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
96 JUN 10 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6-13-96



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthum  
Secretary of State

May 15, 1996

Howard I. Horn, Esquire  
585 Stewart Avenue  
Suite 400  
Garden City, NY 11530

SUBJECT: BOX STYLIST CORP.  
Ref. Number: P96000023537

We have received your document for BOX STYLIST CORP.. However, the document has not been filed and is being returned for the following:

The fee to file your document is \$35.

If you have any questions concerning the filing of your document, please call (904) 487-6910.

Louise Flemming-Jackson  
Corporate Specialist Supervisor

Letter Number: 796A00024019

FILED  
96 JUN 10 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
96 JUN 10 AM 8:02  
DIVISION OF CORPORATIONS

**Florida Department of State, Jim Smith, Secretary of State**

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 807.0502, 617.0502, 807.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1a. The name of the corporation is: Box Stylist Corp.
- 1b. Date of Incorporation March 15, 1996 Document number P96000023537
2. The name and address of the current registered agent and office:  
NRAI Services, Inc., 526 E. Park Avenue,  
Tallahassee, Florida 32301
3. The name and address of the new registered agent and office:  
(P.O. Box Not Acceptable)  
Mr. Barry Cooper, Box Stylist Corp., 7824 Beech Fern Circle,  
Tamarack, Florida 33321

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Barry Cooper  
 SIGNATURE  
 DATE 4/26/96

Barry Cooper  
 Typed or printed name and title

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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Barry Cooper  
 (Registered Agent)  
 DATE 4/26/96

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