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HIREILLE	THEODATE MADISON		
	Requestor's Name	·	
5418 DEER	BROOKE CIRCLE APT. #2		٠ ٨
	Address		
	ORIDA 33624		4/17/86/-01050-010
City/St	nte/Zip Phone /		++++Y22.50
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NEW FILINGS	AMENDMENT	S Carrie Maria	: چ
Profit	Amendment		74 96 1351/19
NonProfit	Resignation of R.A.,	Officer/ Director	
Limited Liability	Change of Registered	Agent	7 PI
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Other	Merger		STATE SCRATIONS
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OTHER FILINGS	REGISTRATI OVALIFICAT	189-615-6 10N1 W94 —85	11.33.
Annual Report		100 - 85	が 575
Fictitious Name	Foreign	——————————————————————————————————————	
Name Reservation	Limited Partnership		
	Reinstatement		
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	Other	ſ	

TRANSMITTAL LETTER

FRED DECRETARY OF STATE DIVISION OF CHARACIONS

95 HAY -7 PH 2: 34

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

SUBJECT:	Mimie's House of Beauty, Inc. (proposed corporate name)
Enclosed is an officer \$122_50	original and one (1) copy of the articles of incorporation and our check
FROM:	Mireille Theodate Madison Name (printed or typed) 5418 Deerbrooke Circle Apt. #2
	Tampa, Florida 33624 City, State, & Zip (813) 265-2624 Telephone Number

Note: Please provide the original and one copy of the Articles.



FILED SECRETARY OF STATE DIVISION OF THE REPORATIONS

96 MAY -7 PH 2: 34

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 22, 1996

MIREILLE THEODATE MADISON 5418 DEERBROOKE CIRCLE APT. #2 TAMPA, FL 33624

SUBJECT: MIMIE'S HOUSE OF BEAUTY, INC.

Ref. Number: W96000008585

We have received your document for MIMIE'S HOUSE OF BEAUTY, INC. and your check(s) totaling \$122.56. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Claretha Golden Document Specialist

Letter Number: 596A00018778

ARTICLES OF INCORPORATION

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FIRED SECRETARY OF STATE DIVERSITY OF COMPANIONS

96 HAY -7 PH 2: 34

Mimle's House of Beauty, 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:

Mimie's House of Beauty, Inc.

ARTICLE IL PRINCIPAL OFFICE

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

3007 W. Cypress Ave. Tampa, Florida 33624

ARTICLE III CAPITAL STOCK

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

1,000 shares par value .10

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mireille Theodate Madison 5418 Deerbrooke Circle APF #2-Tampa, Florida 33624

ARTICLE V INCORPORATOR(S)

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

Mireille Theodate Madison (President, Secratary, Treasurer) 5418 Deerbrooke Circle Apr. #2 Tampa, Florida 33624

The undersigned is	ncorporator(s) has	s(have) executed	d these Articles	of Incorporation this
16	day of _Apri	1	, 19 <u>96</u> .	
	- <u>-</u>	∭1. H	<u>kablet</u>	Madion
		Sign	ature	
	· —	Signa	ature	

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 HAY -7 PH 2: 34

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: Mimie's House of Benuty, Inc.
2.	The name and address of the registered agent and office is:
	Mircille Theodate Madison (NAME)
	5418 Deerbrooke Circle, Apt. #2 (P.O. Box or Mail Drop Box NOT ACCEPTABLE)
	Tampa, Florida 33624 (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) Wastern 4/29/96

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314