# P9600043280

TRANSMITTAL LETTER

96 MAY 13 PH 3: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

700001620607 -05/14/96--01095--015 \*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJ	ECT:	HAIRCRAF			
	+	Proposed corporate	name - must include su	16x)	
Enclo	sed is an origin	al and one (1) co	ppy of the articles o	of incorporation and a check	
for:	\$70.00	<sup></sup>   \$78.75	\$122.50	\$131.25	
	Filing Fee	Filling Fee	Filing Foe	Filing Fee,	
		& Certificate	& Certified Copy	Cortified Copy & Cortificate	
			Additional Cop	y Required	
			L		
FROM: JANE FISHER					
		Name	(printed or typed)	•	
		9857_TH	REE LAKES Cr.		
			Address		
		BOCA RA	ron_FLA,33428		
		C	ity, State & Zip		
		(407)	487-6024		
			e Telephone number		

8/21/94

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

## ARTICLES OF INCORPORATION

96 MAY 13 PH 3: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:

HAIRCRAFTERS INC.

#### ARTICLE II PRINCIPAL OFFICE

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

154 N.W. 20th Street Boca Raton, Fla.33437

#### ARTICLE HI SHARES

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

1000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

JANE Fisher 9857 Three Lakes Cr. Boca Raton, Fla. 33428

# 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):

MARK FISHER 9857 THREE LAKES CR. BOCA RATON, Fla. 33428 JANE FISHER 9857 THREE LAKES CR. BOCA RATON, FLA 33428

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

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:	HAIRCRAFTERS INC.	<del></del>		
2.	2. The name and address of the registered agent and office is:				
	1	TANE Fisher (NAME)			
		Box of Mail Drop Box NUT Acceptable)			
	***************************************	Boca, Raton, Fla. 33428 (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) S/10/96
(DATE)