

P960000069/01

TRANSMITTAL LETTER

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

700001929647
-08/22/96--01059--001
***122.50 ***122.50

SUBJECT: HAIR MOTIONS INC.
(Proposed corporate name - must include suffix)

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

FROM: CARLS. WISE
Name (printed or typed)
2104 Clematis St.
Address
Seasota FL 34239
City, State & Zip
(941) 362-8864
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 AUG 19 AM 10:27

FILED

W-17021
LR 8.14

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

520.96
KR

ARTICLES OF INCORPORATION

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\$6 AUG 19 4PM 27
CLERK OF THE 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: *Hair Motions Inc.*

ARTICLE II PRINCIPAL OFFICE

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

*5340 Golf Drive
Holmes Beach, FL - 34217*

ARTICLE III SHARES

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

~~1000~~ *100 Shares of common stock
having 1.00 per value per share*

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: *CARL S. WISE*

*2104 Clematis St.
Sarasota, FL 34239*

ARTICLE V INCORPORATOR(S)

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

Carl S. Wise
2104 Clematis St.
SARASOTA FL 34239

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

9 day of August, 1996.



Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

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

PURSUANT TO THE PROVISIONS OF SECTION 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: Hain Mations Inc.

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

CARL SWISE
(Name)
2104 Clematis St
(P.O. Box not acceptable)
Sarasota FL 34239
(City/State/Zip)

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96 AUG 19 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Carl Swise
(Signature)

8/15/96
(Date)