Req Bows : Umra	The October 1 Start of St. 32305 1167-619-1600	Office Use Only 10   4+4+12
1. HEAD TURI	VAME(S) & DOCUMENT NUMBE  VERS HAIR AND WALL  (Document of Name) (Document Name)	SALON INC.
3	ration Name) (Decume	
(Согрог	ration Name) (Docume	mt#)
Walk in	Pick up time	Certified Copy
Walk in	Pick up time	Certified Copy
Walk in Mail out	Pick up time Photocopy	Certified Copy
Walk in Mail out MEW FILINGS	Pick up time  Will wait Photocopy  AMENDMENTS	Certified Copy Certificate of Status
Walk in Mail out  NEW FILINGS  Profit	Pick up time  Will wait Photocopy  AMENDMENTS  Amendment	Certified Copy  Certificate of Status
Walk in  Mail out  NEW FILINGS  Profit  NonProfit	Pick up time  Will wait Photocopy  AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director	Certified Copy  Certificate of Status  SECOLUMBER  CONTRACTOR  CONTRACTOR  SECOLUMBER  CONTRACTOR  CON
Walk in  Mail out  NEW FILINGS  Profit  NonProfit  Limited Liability	Pick up time  Will wait Photocopy  AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent	Certified Copy Certificate of Status
Walk in  Mail out  NEW FILINGS  Profit  NonProfit  Limited Liability  Domestication  Other	Pick up time  Will wait Photocopy  AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal  Merger	Certified Copy  Certificate of Status  TALLARY
Walk in  Mail out  NEW FILINGS  Profit  NonProfit  Limited Liability  Domestication  Other	Pick up time  Will wait Photocopy  AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/	Certified Copy  Certificate of Status  TALLARY
Walk in  Mail out  NEW FILINGS  Profit  NonProfit  Limited Liability  Domestication  Other  OTHER FILINGS'  Annual Report	Pick up time  Will wait Photocopy  AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/ QUALIFICATION	Certified Copy Certificate of Status
Walk in  Mail out  NEW FILINGS  Profit  NonProfit  Limited Liability  Domestication  Other  OTHER FILINGS  Annual Report  Fictitious Name	Pick up time  Will wait Photocopy  AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/ QUALIFICATION  Foreign	Certified Copy  Certificate of Status  TALLARY
Walk in  Mail out  NEW FILINGS  Profit  NonProfit  Limited Liability  Domestication  Other  OTHER FILINGS'  Annual Report	Pick up time  Will wait Photocopy  AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/ QUALIFICATION	Certified Copy  Certificate of Status  TALLARY
Walk in  Mail out  NEW FILINGS  Profit  NonProfit  Limited Liability  Domestication  Other  OTHER FILINGS  Annual Report  Fictitious Name	Pick up time  Will wait Photocopy  AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/ QUALIFICATION  Foreign  Limited Partnership	Certified Copy  Certificate of Status  TALLATION  TALLATION  TALLATION  TO SECULATION  TO SECULA

CR2F=(1-1.95)

DATE 4. 13-44

DIVISION OF CORPORATIONS DEPARTMENT OF STATE P.O. BOX 6327 TALLAHASSEE FL. 32314.

DEAR SIR /MADAM,

ENCLOSED PLEASE FIND ARTICLES OF INCORPORATIONS FOR INC. ALONG WITH A CHECK, IN THE AMOUNT OF \$122.50. THE DOLLARS AS DESCRIBED ARE FOR THE FILING FEES AND DESIGNATION OF REGISTERED AGENT WHOSE NAME IS ERWIN BROWN.

ALSO, I HAVE ENCLOSED TWO COPIES OF THE ARTICLES. PLEASE RETURN ONE SET TO ME WITH THE FILING DATE STAMPED ON IT.

THANKS AND REGARDS,

RESPECTFULLY,

SIGNATURE

# SS SEP 13 TY 18: 41 ARTICLES OF INCORPORATION: HEAD TURNERS HAIR AND NAIL SALON INC.

 $V^{CC}$ 

ARTICLE ONE

THE NAME OF THE CORPORATION IS "HEAD TURNERS AND NAIL SALON INC".

# ARTICLE TWO

THIS CORPORATION IS TO PROVIDE SERVICES, WHEREAS, THE BUSINESS WILL OPERATE AS A BEAUTY SALON , WHEREIN , WE WILL PROVIDE HAIR CARE OF ALL KIND . ALSO , THE BUSINESS WILL OPERATE AS A FULL SERVICE HAIR CARE AND HEALTH AND BEAUTY AID CENTER. IF GRANTED CORPORATE STATUS THE BUSINESS WILL ALSO PROVIDE ANY OTHER SIMILAR VENTURES AS PROVIDED BY STATURE.

#### ARTICLE THREE

THE PERIOD OF DURATION IS - PERPETUALITY.

#### ARTICLE FOUR

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION SHALL HAVE THE AUTHORITY TO ISSUE ARE 2000 AT A PAR VALUE OF ONE DOLLAR EACH.

## ARTICLE FIVE

THE CORPORATION WILL NOT COMMENCE ITS BUSINESS UNTIL IT HAS RECEIVED FOR THE ISSUANCE OF SHARES CONSIDERATION OF THE VALUE TWO THOUSAND DOLLARS.

#### **ARTICLE BIX**

THE STREET ADDRESS OF ITS INITIAL REGISTERED OFFICE IS 5428 ARPANA DR. ORLANDO FL. 32839. THE NAME OF THE INITIAL REGISTERED 'AGENT' IS ERWIN BROWN. WHOSE ADDRESS IS 5428 ARPANA DR. ORLANDO FL. 32839. THE PRINCIPAL PLACE OF BUSINESS IS 4514 SOUTH O.B.T. ORLANDO FL. 32839.

### ARTICLE BEVEN

THE NUMBER OF DIRECTORS WHICH WILL CONSTITUTE THE BOARD OF DIRECTORS ARE FOUR. THE NAMES AND ADDRESSES OF THE PERSONS WHO WILL SERVE AS DIRECTORS ARE AS FOLLOWS;

<u>NAMES</u>	<u>ADDRESSES</u>
	CARLIFORN
ERWIN BROWN	5428 ARPANA I

5428 ARPANA DR. ORLANDO FL 32839

TANZY BROWN 5428 ARPANA DR. ORLANDO FL, 32839

SAMUEL ROWN 5428 ARPANA DR.

ORLANDO FL. 32839

SARAH MATTHEWS 2526 LAKEWAY ORLANDO FL. 32839

# ARTICLE EIGHT

THE BOARD OF DIRECTORS SHALL HAVE THE POWER TO SET AND DEVELOP ITS BY-LAWS WITHOUT RESTRICTION OF THEIR POWERS CONFERRED BY STATUS.

ARTICLE NINE-

THE NAME AND ADDRESS OF THE INCORPORATOR IS

CARLTON THOMAS 304 SO. O.B.T. ORLANDO FL. 32805

THE DUTIES AND POWERS OF THE INCORPORATOR SHALL CEASE ONCE THE BUSINESS IS GRANTED CORPORATE STATUS.

96 SEP 13 1:112:41

# CERTIFICATE OF DESIGNATION OF REGISTERED CHILDA AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANISED UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	THE	NAME	OF	THE	CORPOR	ATION	18:

HEAD TURNERS HAIR AND NAIL SALON INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

(NAME)

**ERWIN BROWN** 

(P.O. BOX NOT ACCEPTABLE)

5428 ARPANA DR.

(CITY/STATE/ZIP)

**ORLANDO FL 32839** 

HAVING BEEN NAMED AS REGISTERED AGENT 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 SATUTES 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.