

P96000087973
(SAMPLE LETTER OF TRANSMITTAL)
FILED

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

DATE October 15, 1986 96 OCT 23 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Hair Perfect
(Name of Corporation) , Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

900001984179--1
-10/23/96--01057--020
****122.50 ****122.50

Cathy S. Beasley
(Individual's Name)

Cathy Beasley

Hair Perfect, Inc.
(Name of Corporation)

PH 10/24/96

MAILING ADDRESS OF CORPORATION		
Hair Perfect, Inc.		
418 North Harbor City Boulevard		
Melbourne, Florida 32935		
PHONE		
(407)	254-7700	
Area Code	Number	Ext.

ARTICLES OF INCORPORATION

of
Hair Perfect, Inc.

(name of corporation)

FILED

96 OCT 23 PM 4:18

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, do hereby certify that the following articles of incorporation for such corporation:

SEATTLE
TALLAHASSEE, FLORIDA

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Hair Perfect, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS	418 North Harbor City Boulevard		
CITY	Melbourne	FLORIDA	ZIP 32935

Mailing address, if different

STREET ADDRESS			
CITY	FLORIDA	ZIP	

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	Cathy E. Beasley		
ADDRESS	418 North Harbor City Boulevard		
CITY	Melbourne	FLORIDA	ZIP 32935

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Cathy Beasley		
ADDRESS	418 North Harbor City Boulevard		
CITY	Melbourne	STATE	Florida ZIP 32935
NAME	Kim Kouyoumjian		
ADDRESS	418 North Harbor City Boulevard		
CITY	Melbourne	STATE	Florida ZIP 32935
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Cathy Beasley		
ADDRESS	418 North Harbor City Boulevard		
CITY	Melbourne	STATE	Florida ZIP 32935
NAME	Kim Kouyoumjian		
ADDRESS	418 Harbor City Boulevard		
CITY	Melbourne	STATE	Florida ZIP 32935
NAME			
ADDRESS			
CITY		STATE	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 15th day of October, 1996.

Cathy D. Beasley (Signature)
Kim Kouyoumjian (Signature)
 _____ (Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

FILED

96 OCT 23 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Hair Perfect, Inc.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation
at 418 North Harbor City Boulevard

Melbourne Florida 32935
has named Cathy L. Beasley

located at the aforesaid address, as its registered agent to accept service of process within this
state.

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 regis-
tered 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.

Cathy L. Beasley
(Signature)

1
(Date)

P96000087973

Hair Perfect INC.
Requestor's Name

418 N. Harbor City Blvd.
Address

Melbourne, FL 32935
City/State/Zip Phone #

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #) 000002060210--8
-01/16/97--01037--016
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
97 JAN 13 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-14-97

~~1055~~ 1065
~~66~~ 672



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 27, 1996

HAIR PERFECT, INC.
418 Harbor City Blvd.
Melbourne, FL 32935

SUBJECT: HAIR PERFECT, INC.
Ref. Number: P96000087973

FILED
97 JAN 13 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$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: 896A00057509

*Please find change of registered agent
& check for \$5.00 —
Thank you —*

RECEIVED
97 JAN 13 AM 8:08
DIVISION OF CORPORATIONS

Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, 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.

1. The name of the corporation is: HAIR PERFECT, INC.
2. The mailing address of the corporation is: 418 N. Harbor City Blvd.
Melbourne, FLA 32935
3. Date of incorporation/qualification: 10/23/96 Document number: P96000087973
4. The name and address of the current registered agent and office:

CATHY BEASLEY
418 - N. HARBOR CITY BLVD.
MELBOURNE, FLA. 32935

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

JOHN P. THESSON, JR
418 - N. HARBOR CITY BLVD.
MELBOURNE FLA. 32935

FILED
97 JAN 13 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office 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.

John P. Thesson Sec. Treasurer 1/3/97
(Signature of an officer, chairman or vice chairman of the board) (Date)

JOHN P. THESSON, JR
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

John P. Thesson
(Signature of Registered Agent)

1/3/97
(Date)

If signing on behalf of an entity:

JOHN P. THESSON, JR.
(Typed or Printed Name)

SECY - TREASURER
(Capacity)