

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____
 PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: Barbados a cut
above, Inc.

	C.C. FEE.	DISBURSED
<input type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone () _____		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX () _____ pgs.		
SUBTOTALS		

96 NOV 12 AM 8:54
 RECEIVED
 TALLAHASSEE, FL 32301

FILED

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

AB 11/13

REQUEST _____ TAKEN _____ CONFIRMED _____ APPROVED _____
 DATE _____
 TIME _____
 BY *[Signature]* CK No. _____

WALK-IN Will Pick Up *11/12 1:00*

ARTICLES OF INCORPORATION
OF

BARBARA'S A CUT ABOVE, INC.

The undersigned subscriber(s) to these Articles of Incorporation competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I NAME

The name of the corporation shall be:

BARBARA'S A CUT ABOVE, INC.

The principal place of business of this corporation shall be:

717 17th Street Vero Beach, FL 32960

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding is 25,000 shares of common stock having a par value of \$1.00 per share.

ARTICLES IV REGISTERED AGENT AND OFFICE

The street address of the initial registered office of the corporation shall be:

7950 Hoeffner Lane Fort Pierce, Fl 34945

and the name of the initial registered agent of the corporation at that address is:

Barbara McClelland

ARTICLE V TERM OF EXISTENCE

This corporation is to exist perpetually.

FILED
95 NOV 12 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI OFFICERS AND DIRECTORS

This corporation shall have One (1) officer(s) and One (1) director(s) initially. The names(s) and street address of the initial officer(s) and director(s) who shall hold office for the first year of the corporation or until their successor is elected are:

Barbara McClelland 7950 Hoeffner Lane Fort Pierce, Fl 34945

ARTICLE VII SUBSCRIBER (S)

The names(s) and street address of the subscriber(s) to these articles are:

Barbara McClelland 7950 Hoeffner Lane Ft. Pierce, Fl 34945

ARTICLE VIII CORPORATION TAX TREATMENT

This corporation may be a Sub-Chapter S Corporation as defined by the Internal Revenue Service Code.

IN WITNESS WHEREOF, the undersigned subscriber(s) has/have executed these articles of Incorporation this 11th day of November, 1996.

Barbara McClelland
Incorporator

STATE OF FLORIDA
COUNTY OF ST. LUCIE

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared, _____

BARBARA McCLELLAND
known to me and known by me to be the person(s) who executed the forgoing Articles of Incorporation, and he/she/they acknowledged before me that he/she/they executed those ARTICLES OF INCORPORATION.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 11th day of November, 1996.

Kurtis A. Gulliver
Notary Public

KURTIS A. GULLIVER
Notary Public, State of Florida
My Commission Expires April 1, 1997
Comm. No. CC 273537

My commission Expires:

Having been named to Accept Service of Process for the above state corporation, at the place designated in these Articles, I heroby agree to act in this capacity, and I further agree to comply with the provisions of all Statutes relative to the duties and obligations of Section 607.325 Florida Statutes.

Barbara McClelland
Barbara McClelland

FILED
96 NOV 12 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA