P97000026985

TRANSMITTAL LETTER

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

SUBJECT: GRACE MONIKA'S 100% HUMAN HAIR TIME (proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ ______.

FROM:

Name

Name

Name

Name

Name

NAVE

Address

NIAM FL 33168

City, State, & Zip

Calenhone Number

900002119849--5 -03/20/97--01138--005 ****122.50 ****122.50

Note: Additional copy of articles is needed only when certified copy is requested.

54/26

ARTICLES OF INCORPORATION

QE

44. SO 14 9: 34

GRACE MUNIKA'S 100% HUMAN HAIR TINC.

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:

GRACE MONKA'S 100% HUMAN HAIR INC

ARTICLE II PRINCIPAL OFFICE

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

11311 NW 775 AVE MIAMI, FL 33168

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: THIS CORPORATION IS AUTHORIZED TO ISSUE TWELVE MILION SHARES (12,000,000) OF COMMON STACK,

\$ 0.0001 PAR VALUE DER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MS. FAJE HAJE 11311 NW THATE MAMI, FL 33168

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these tion is(are): **MS. FAVE HAVE 11311 NW. FRANCE MAM, FL 3316	-President
The undersigned has (have) executed these Articles of Incorporation	this
Faye Hayle, Signature/Title	PRESIDENT.
Signature/Title	
Signature/Title	······································

CERTIFICATE OF DESIGNATION 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:____

GRACE MONKA'S 100% HUMIN HAIR INC.
2. The name and address of the registered agent and office is:
MS. FAVE M. HAVE
(NAME) THATE
(P.O. BOX NOT ACCEPTABLE)
(P.O. BOX NOT ACCEPTABLE) MIAMI FL 33/68
(CITY/STATE/ZIP)
SIGNATURE LAYE (COPPONET OFFICER)
TITLE PRESIDENT
DATE 3/15-/97
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.