# 799000351117

Mrs. Joyce W. Roberts 450 Bonifay Avenue Orlando, FL 32825

April 17th, 1997

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 400002149374--3 -04/21/97--01121--012 \*\*\*\*122.50 \*\*\*\*122.50

RE: Southern Styles Salon, Inc.

#### Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of One-Hundred-Twenty-Two-(\$122.50)-Dollars and Fifty Cents. This represents the cost of the Filing Fees, Certified Copy of the Articles of Incorporation and Fee for Registered Agent Designation for the above corporation.

The mailing address for the corporation will be as follows:

Southern Styles Salon, Inc. 4562 East Michigan Street Orlando, FL 32812 Tel. -(407)-249-1775.

Thank you.

Very truly yours, Popular

JOYCE W. ROBERTS

Encls. (As stated)
JWR:c

Da 4/22

DIVISION OF CORPORATIONS

97 APR 21 AM ID: 22

# ARTICLES OF INCORPORATION

of

	SOUTHERN STYLES SALON, INC. (name of corporation)	
The undersigned acting as the inc the following articles of incorporation	corporators of a corporation under the Florida Busin	ess Corporation Act, adopt(s)
	ARTICLE I - CORPORATE NAME	9,0
The name of the corporation is:	SOUTHERN STYLES SALON, INC.	9 1000
This corporation shall exist perpe	ARTICLE II - DURATION etually unless dissolved according to Florida law.	ON SCREEN CORORANIO. 33
	ARTICLE III - PURPOSE	
The corporation is organized for United States and the State of Florida.	the purpose of engaging in any activities or busines	s permitted under the laws of the
The corporation is authorized to	ARTICLE IV - CAPITAL STOCK issueshares of common stock, par value	ue \$ _1.00per share.
The street address of the initial p	ARTICLE V - INITIAL PRINCIPAL OFFICE principal office and, if different, the mailing address	is:
STREET ADDRESS		
4562 E. Michig	an Street	<del>_</del>
CITY Orlando,	FLORIDA	ZIP 32812
Mailing address, if different STREET ADDRESS	<u> </u>	
STREET ADDRESS		
CITY	FLORIDA	ZIP
ARTIC	CLE VI - INITIAL REGISTERED OFFICE AND	AGENT

SEMINOLE-MIAMI (8-93)

ZIP

32806

The state of the s

Orlando,

Clara M. Vassallo

4320 Ilene Court

NAME

CITY

**ADDRESS** 

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

**FLORIDA** 

## ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have \_\_\_\_\_(\_\_\_\_(\_\_\_\_\_) 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:

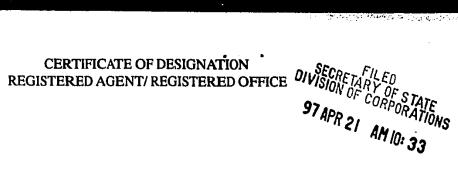
NAME	Joyce W. Roberts				
ADDRESS	450 Bonifay Avenue				
CITY	Orlando,	STATE	Florida	ZIP	32825
NAME	Harry L. Roberts				
ADDRESS	450 Bonifay Avenue				
CITY	Orlando,	STATE	Florida	ZIP	32825
NAME					
ADDRESS					
CITY		STATE		ZIF	<b>)</b>

### ARTICLE VIII - INCORPORATORS

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

NAME	Joyce W. Roberts - President	t & Treasurer		
ADDRESS	450 Bonifay Avenue			
CITY	Orlando,	STATE	Florida	ZIP 32825
NAME	Harry L. Roberts - Vice Pre	sident and Secre	etary	
ADDRESS	450 Bonifay Avenue			
CITY	Orlando.	STATE	Florida	ZIP 32825
NAME				
ADDRESS				
CITY		STATE		ZIP

dav of	April.	, 19 <u>97</u>
·	• ,	Lavy I. Roberts - Pres. (Signature)  Lavy I. Roll (Signature)
		(Signature)



SOUTHERN STYLES SALON, 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 4320 Ilene Court
Orlando, FL 32806
has named Clara M. Vassallo
located at the aforesaid address, as its registered agent to accept service of process within this
state.
<u>-</u>
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.
(ma ) Jassalle 4/17/97
(Signature) (Date)