Relia Moden 128 N. Atlas Dirve Apopka, Florida 32703 (407) 880-4559 FAX (407) 886-4434

May 12, 1997

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

200002177872---3 -05/14/97--01031--010 ****122,50 ****122,50

Re: Textures Salon, Inc.

Dear Sir:

KEN:vad

6-1-41

Enclosed is the original and a duplicate copy of the Articles of Incorporation of this proposed corporation.

Please endorse your approval of the Articles of Incorporation on the duplicate copy, certify same and return to me.

Also enclosed is a certificate designating place of business or domicile for service of process within this state, naming agent upon whom process may be served. A telephone check with your office indicated that the corporate name TEXTURES SALON, INC. Is not in use at this time.

My check in the amount of \$122.50 is also enclosed to cover the \$35.00 filing fee, \$52.50 fee for a certified copy of the Certificate of Incorporation and \$35.00 for designation of registered agent.

If you have any questions regarding this, please do not hesitate to contact me.

Very truly yours,

Kellie E. Norden

ARTICLES OF INGORPORATION

OF

TEXTURES SALON, INC.

I, the undersigned, the subscriber to these Articles of Incorporation, being of legal age, do hereby desire to form a corporation under the laws of the State of Florida and do hereby adopt the following Articles of Incorporation.

ARTICLE I

GFECTIVE DATE

The name of this corporation is TEXTURES SALON, INC.

ARTICLE II

The duration of this corporation shall be perpetual. The date of the commencement of the corporate existence shall be June 1, 1997.

ARTICLE III

The purpose of this corporation shall be any and all lawful business purposes as set forth by Florida Statutes.

ARTICLE IV

The maximum number of shares of stock that this corporation is authorized to issue shall be 1,000 shares of common stock. Each share shall have the par value of \$1.00 per share and shall consist of one *class* only.

ARTICLE V

The street address of the initial principal office and mailing address of this corporation is 931 N. SR 434, Suite 1095, Altamonte Springs, Florida 32714.

ARTICLE VI

The initial registered agent of this corporation shall be KELLIE E. NORDEN, 128 N. ATLAS DRIVE, APOPKA, FLORIDA 32703.

ARTICLE VII

The number of directors constituting the initial board of directors of this corporation shall be one (1). The number of directors may be increased or diminished from time to time by Bylaws adopted by the stockholders. The name and street address of the director of this corporation who shall hold office for the first year or until her successor is chosen, shall be:

KELLIE E. NORDEN 128 N. ATLAS DRIVE APOPKA, FLORIDA 32703

ARTICLE VIII

The name and address of the incorporator to these Articles of Incorporation is:

KELLIE E. NORDEN 128 N. ATLAS DRIVE APOPKA, FLORIDA 32703

KELLIE E. NORDEN

STATE OF FLORIDA COUNTY OF ORANGE

BEFORE ME, the undersigned authority, on this day personally appeared KELLIE E. NORDEN, to me well known to be the person who executed the foregoing Articles of Incorporation and she acknowledged before me that she executed the same freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal in the County and State last aforesaid this 12th day of 1997.

NOTARY PUBLIC STATE OF FLORIDA

My Commission Expires:



ACCEPTANCE OF REGISTERED AGENT

I, KELLIE E. NORDEN, do hereby accept the office of Registered Agent of the corporation known as TEXTURES SALON, INC.

KELLIË E. NORDEN

STATE OF FLORIDA COUNTY OF ORANGE

BEFORE ME, the undersigned officer, duly authorized in the State and County aforesaid to administer oaths and take acknowledgments, personally appeared KELLIE E. NORDEN, known to me to be the person described as the Registered Agent of the corporation known as TEXTURES SALON, INC. and she acknowledged before me that she executed the same for the purposes therein expressed.

WITNESS my hand and official seal in the State and County last aforesaid this 12th day of . , 1997.

NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:



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