Division of Corporations P. O. Box 6327 Tallahassee, FL 32314			•	_
SUBJECT: ST	1010110	UG-RAPHY, I'M te name - must include suffix	VC.	
Enclosed is an original a	nd one(1) copy of the articles			
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	•
FROM:	JOANNE PO. Name (Printed 23 NW 8971 Addre RAC SPRINTS City/State	prive #114	SECRLIANASSEE, FL.	FILED 2:21
<u> </u>	Daytime Teleph	none number		

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

EUED W 221

The name of the corporation shall be:

STYLISTIC Phurumaphy, INC.

ARTICLE II PRINCIPAL OFFICE

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

2423 NW 89M prive #114 CORAL SPRINGS FL. 33065

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 7500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SUPP

JUANNE POSTIS 2423 NW 89M DRIVE #114 CURAL SPICINGS, PL. 33065

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JUANNE POSTIS

2423 NW 89M DRIVE #114

CURAL SPRINGS FL 33065

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

24m day of _____ JULY , 19 97.

(An additional article must be added if an effective date is requested.)

Signature Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF 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	STYLISTIZ	Phonomaph	y, INC.
2. The name and address of the regi	-	is:	97 SEC TAL
JOAN	INE POSTIS (NAME)		FILE JIL 28
2423 (P. O.	NW 8977 Box or Mail Drop Box M	DRIVE #114	PH 2:
Coral	Spa (M) 5 (CITY/STATE/ZI	FL 33065	10A 21

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.

(SIGNATURE) JULY 24,1997