TRANSMITTAL LETTER P47 0000 685 18

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

SUBJECT: _	HAIR IN STYLE (Proposed by	NC . orporate name - must include	e suffix)	_
		91	(10002260 -03/07/37-4 *****70,00	375410 11027-4110 ******70.00
Enclosed is an or	iginal and one(1) copy of the article	s of incorporation and a	check for :	_
S70.00 Filling Fe	 	S122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
	n	ADDITIONAL CO]
FROM: JOE PERRI TURN CARVAJAN Name (Printed or typed)				EHDRI
7540 N. DALE MABRY OF WY Address				
TAMPA . FL 33614 City, State & Zip				SECRE DIVISION
	(813)885-7976 Daytime	Felephone number		TARY OF S OF CORPO
				2 AS

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

HAIR IN STYLE, INC.

ARTICLE II PRINCIPAL OFFICE

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

7540 N. DALEMABRY HWY TAMPA, FL 33614

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JOE 1-ERRI

7540 N. DALE MABRY HWY

THUMPA, FL 33614

ARTICLE V INCORPORATOR

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

JOE PERRY

7540 N. DALEMABRY HWY

TAMPA IFL 33614

Signature/Incorporator

7 30 37 Date

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

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/Registered Agent