

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Lennox Hair Designs,  
Inc.

700002297777--4  
-09/19/97--01006--028  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

- FILED  
97 SEP 19 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA
- ☒ Art of Inc. File \_\_\_\_\_  
☐ LTD Partnership File \_\_\_\_\_  
☐ Foreign Corp. File \_\_\_\_\_  
☐ L.C. File \_\_\_\_\_  
☐ Fictitious Name File \_\_\_\_\_  
☐ Trade/Service Mark \_\_\_\_\_  
☐ Merger File \_\_\_\_\_  
☐ Art. of Amend. File \_\_\_\_\_  
☐ RA Resignation \_\_\_\_\_  
☐ Dissolution / Withdrawal \_\_\_\_\_  
☐ Annual Report / Reinstatement \_\_\_\_\_  
☐ Cert. Copy \_\_\_\_\_  
☒ Photo Copy \_\_\_\_\_  
☐ Certificate of Good Standing \_\_\_\_\_  
☐ Certificate of Status \_\_\_\_\_  
☐ Certificate of Fictitious Name \_\_\_\_\_  
☐ Corp Record Search \_\_\_\_\_  
☐ Officer Search \_\_\_\_\_  
☐ Fictitious Search \_\_\_\_\_  
☐ Fictitious Owner Search \_\_\_\_\_  
☐ Vehicle Search \_\_\_\_\_  
☐ Driving Record \_\_\_\_\_  
☐ UCC 1 or 3 File \_\_\_\_\_  
☐ UCC 11 Search \_\_\_\_\_  
☐ UCC 11 Retrieval \_\_\_\_\_  
☐ Courier \_\_\_\_\_
- 97 SEP 19 AM 10:20  
OFFICE OF CORPORATION

1 J. Medeau SEP 19 1997

Signature \_\_\_\_\_

Requested by: Cher 9/19 937  
Name Date Time

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

**ARTICLES OF INCORPORATION**

**OF**

**LENOXX HAIR DESIGNS, INC.**

The undersigned, acting as incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation for such corporation.

**ARTICLE I**

**NAME OF CORPORATION**

The name of the corporation is Lenoxx Hair Designs, Inc.

**ARTICLE II**

**DURATION**

The period of its duration is perpetual.

**ARTICLE III**

**PURPOSE**

The purpose is to engage in any activities or business permitted under the laws of the United States and Florida.

**ARTICLE IV**

**PRINCIPAL OFFICE OF CORPORATION**

The initial address of the principal office of the corporation and the initial mailing address of the corporation is 717 South Nova Road, Ormond Beach, Florida, 32127.

**ARTICLE V**

**CAPITAL STOCK**

The corporation is authorized to issue one hundred (100) shares of common stock, all of one class, with a par value of one dollar (\$1.00).

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TALLAHASSEE, FLORIDA

## **ARTICLE VI**

### **REGISTERED AGENT AND REGISTERED OFFICE**

The name of the corporation's initial registered agent is Tracy L. Schwarz, 623 Forest Troll Drive, Port Orange, Florida, 32119.

## **ARTICLE VII**

### **NAME AND ADDRESS OF INCORPORATOR**

The name and address of the incorporator is Jerome D. Mitchell, Esquire, 400 South Palmetto Avenue, Daytona Beach, Florida, 32114.

## **ARTICLE VIII**

### **AMENDMENT OF ARTICLES**

These Articles of Incorporation of this Corporation may be amended, changed, altered or repealed in the manner now or hereafter described by the Florida Statutes and all rights conferred on the stockholders herein are granted subject to this reservation.

## **ARTICLE IX**

### **OFFICERS**

The names of the officer(s) who shall serve until the first election are as follows:

Tracy L. Schwarz

President, Vice President,  
Secretary, Treasurer

## **ARTICLE X**

### **BOARD OF DIRECTORS**

The following persons shall constitute the first Board of Directors:

Tracy L. Schwarz

Director

## **ARTICLE XI**

### **DIRECTORS' AUTHORITY TO FIX COMPENSATION**

Directors shall have authority to fix compensation unless otherwise provided in the Articles of Incorporation or Bylaws.

## **ARTICLE XII**

### **MEETINGS BY CONFERENCE TELEPHONE**

Members of the Board of Directors may participate in all meetings of the Board of Directors by means of conference telephone or similar communications equipment, as provided by law.

## **ARTICLE XIII**

### **INDEMNIFICATION**

The corporation may be empowered to indemnify any officer or director, or any former officer or director in the manner set out and provided for in the Bylaws of this corporation.

## **ARTICLE XIV**

### **INFORMAL ACTION OF DIRECTORS**

If all the directors severally and collectively consent in writing to any action taken or to be taken by the corporation, the action shall be as valid as though it had been authorized at a meeting of the Board of Directors.

## **ARTICLE XV**

### **SUB-CHAPTER "S" SELECTION**

The Board of Directors may take such action as is appropriate to assure taxation as a Sub-Chapter "S" small business corporation pursuant to currently applicable provisions of the Internal Revenue Code.

WITNESSED by respective hand this 18<sup>th</sup> day of September, 1997

  
\_\_\_\_\_  
Jerome D. Mitchell, Esquire

STATE OF FLORIDA

COUNTY OF VOLUSIA

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the county aforesaid, to take acknowledgements, personally appeared Jerome D. Mitchell, to me known to be the person described or has produced 11/a as identification in and who executed the foregoing instrument and he acknowledged before me that he executed the same and did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 18<sup>th</sup> day of September, 1997.



Notary Public

My Commission Expires:

My Commission Number:



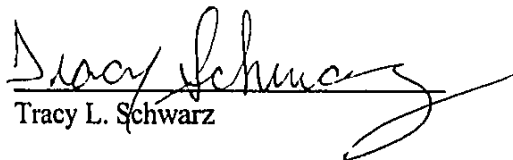
**CERTIFICATE OF ACCEPTANCE AS REGISTERED AGENT FOR**

**LENOXX HAIR DESIGNS, INC.**

**A CORPORATION FOR PROFIT**

Having been designated as Registered Agent for Lenoxx Hair Designs, Inc., a Florida corporation for profit (hereinafter the "Corporation"), I, Tracy L. Schwarz, accept the designation and agree to act as registered agent of the Corporation, and I acknowledge that I am familiar with and accept the obligations of the position of registered agent for the Corporation.

**DATED** this 18<sup>th</sup> day of September, 1997.

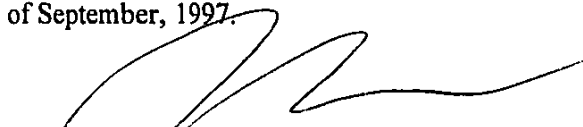
  
Tracy L. Schwarz

STATE OF FLORIDA

COUNTY OF VOLUSIA

**I HEREBY CERTIFY** that on this day, before me, an officer duly authorized in the State aforesaid and in the county aforesaid, to take acknowledgements, personally appeared Tracy L. Schwarz, to me known to be the person described or has produced \_\_\_\_\_ as identification in and who executed the foregoing instrument and he acknowledged before me that he executed the same and did take an oath.

**WITNESS** my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of September, 1997.

  
\_\_\_\_\_  
Notary Public

My Commission Expires:

My Commission Number:



JEROME D MITCHELL  
My Commission CC441906  
Expires Feb 27, 1999  
Bonded by HAI  
800-422-1555

**FILED**  
97 SEP 19 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA