

DATE

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

FILE U OCT 24 PN 4: 50 CRETARY OF STATE LAHASSEE, FLORDA

Re: 5\$L Coiffures
(Name of Corporation)

700002328917--9 -10/24/97--01052--008

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Roger Angolen Ry Agent (Individual's Name)

5 \$ L Coiffures Inc

MAILING ADDRESS OF CORPORATION

P.O. Box 1869

Invernass, FL 34451

PHONE

(352-) 726-0384 NA

Area Code Number Ext.

J. Nedeau OFF 2 7 W

ARTICLES OF INCORPORATION

5 & L Coi Hurs, Inc

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

The name of the corporation is:

ARTICLE 1 - CORPORATE NAME

THE name of the corporation is:

ARTICLE 11 - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

| STREET ADDRESS | | | | |
|----------------|--------------------------|---------|------------------|--|
| | 4318 S. Florida Ave | Lot 1 | | |
| CITY | Inverness | FLORIDA | ZIP 34450 | |
| Maili | ng address, if different | | | |
| STREET A | DDRESS | | | |
| | P.O. Box 1869 | | | |
| CITY | Inverness | FLORIDA | ZIP <i>34451</i> | |

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

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

| NAME | Roger Angsten | | |
|---------|-----------------|---------|-----------|
| ADDRESS | 9322 E. Beech C | irclo | |
| CITY | Inverness | FLORIDA | ZIP 34450 |

| IAME | Sally May | 003 | 22-0501 | | |
|--|--|------------------|-----------|------------------------|-------------------|
| DDRESS | 3550 Starlite | Pass | | | |
| TTY | 3550 Starlite Lecanto Laura Sheppa | | STATE | Florido | ZIP 34461 |
| IAME | Laura Sheppa | rd | 261-02-46 | 72 | |
| ADDRESS | 6950 W. Hila | er Ct. | | | |
| CITY | Homosassa | | STATE | Florida | ZIP <i>34448</i> |
| NAME | | - | | | |
| ADDRESS | | | | | |
| CITY | | | STATE | | ZIP |
| NÀME | | | <u></u> | poration are as follow | S: |
| | Sally May of 3550 Starlite Lecanto | | 2501 | Florida | |
| NÀME ADDRESS | Sally May of 3550 Starlite Lecanto | 903-22-0 Pass | STATE | Florida | |
| NÀME ADDRESS CITY | Sally May of 3550 Starlite Lecanto | 903-22-0 Pass | STATE | Florida 2 | ZIP 3 4461 |
| NÀME ADDRESS CITY NAME | Sally May of 3550 Starlita | 903-22-0 Pass | STATE | Florida | ZIP 3 4461 |
| NAME ADDRESS CITY NAME ADDRESS | Sally May 3550 Starlite Lecanto Laura Sheppo. 6950 W. Hilge. | 903-22-0 Pass | STATE | Florida 2 | ZIP 3 4461 |
| NAME ADDRESS CITY NAME ADDRESS CITY | Sally May 3550 Starlite Lecanto Laura Sheppo. 6950 W. Hilge. | 903-22-0 Pass | STATE | Florida 2 | ZIP 3 4461 |
| NAME ADDRESS CITY NAME ADDRESS CITY NAME | Sally May 3550 Starlite Lecanto Laura Sheppo. 6950 W. Hilge. | 903-22-0 Pass | STATE | Florida 2 | ZIP 3 4461 |

SEMINOLE-MIAMI (8.93)

(Signature)

CERTIFICATE OF DESIGNATION REGISTERED OFFICE

| 3 & E C DIFTURE , IND | |
|--|--|
| (name of corporation) | \$.4. Q |
| | |
| | |
| Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is | s submitted: |
| The above corporation, organized under the laws of the State of Florida wi | th its registered office |
| as indicated in the Articles of Incorporation | |
| at 4318 S Florida Aue Lot 1 | |
| Inverness, FL 34450 | _ |
| has named Roger Angsten | |
| located at the aforesaid address, as its registered agent to accept service of | process within this |
| state. | FCR |
| | ETA ETA |
| | Z4 RY (|
| | PH DF S |
| | HILED II 24 PH 4: 50 TARY OF STATE ASSEE, FLORIDA |
| | 50 3. 0. |
| Having been named as registered agent and to accept service of process for | or the above stated |
| corporation at the place designated in this certificate, I hereby accept the | |
| tered agent and agree to act in this capacity. I further agree to comply with | |
| statutes relating to the proper and complete performance of my duties, and | - |
| and accept the obligations of my position as registered agent. | |
| and accept the congations of my position as registered agent. | |
| 4 | |
| Roger angeten 10- | 23-97 |
| (Signature) (Di | ate) |
| | |