

DALE L. BERNSTEIN MICHELLE'L. PROCTOR

EDWARD BONCEK*

OF COUNSEL ALSO ADMITTED IN NEW YORK

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February 27, 1998

VIA EXPRESS MAIL

THE FUND Attorney's Title and Insurance Fund, Inc. Leon Branch 660 East Jefferson, Suite 200 Tallahassee, FL 32301

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ATTN:

Ms. Jenna Ecklund

Filing Articles of Incorporation for:

SHEAR WIZARDS HAIR CENTER, INC.

Dear Ms. Ecklund:

Enclosed herewith please find original Articles of Incorporation and Certificate of Designation/Registered Office and one (1) copy of each with regard to the above-captioned matter together with a check in the amount of \$15.00 for your services and check in the amount of \$122.50 so that you may file the same with the Secretary of State on Monday, March 2, 1998. Upon filing of the same, please return the file stamped copies to me at your earliest convenience.

I look forward to receiving the file stamped copies from you. Should you have any questions, please do not hesitate to contact me.

Very Truly Yours

DALE L. BERNSTEIN, ESQ.

DIVISION OF CORPORATION

DLB/jam encl: ltr\dly\022798.741

3 1000 K. Rolfe

ARTICLE I NAME

The name of this Corporation shall be:

SHEAR WIZARDS HAIR CENTER, INC.



ARTICLE II PRINCIPAL OFFICE

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

7214 Fairwood Avenue New Port Richey, Florida 34653

ARTICLE III CAPITAL STOCK

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

One Hundred (100) Shares

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ANN LEO 7214 Fairwood Avenue New Port Richey, Florida 34653

ARTICLE V INCORPORATOR

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

ANN LEO 7214 Fairwood Avenue New Port Richey, Florida 34653

The undersigned has exe 27 day of	cuted these Articles o	f Incorporation this
<i>_27</i> _ day of _	Flarciery	, 1998.
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La Carte La	las her	
AA.	NN LEO / President	

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CERTIFICATE OF DESIGNATION 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:

SHEAR WIZARDS HAIR CENTER, INC.

2. The name and address of the registered agent and office is:

ANN LEO 7214 Fairwood Avenue New Port Richey, Florida 34653

ANN LEO

0 2 | 2 7 | 98 (date)

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.

ANNIEC

02 , 27 , 98 (date)

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ORETARY OF STATE

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