

TRANSMITTAL LETTER

P98000028064

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

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-03/25/98--01032--018
*****78.75 *****78.75

SUBJECT: DESIGN CUT & STYLE SALON - INC
(Proposed corporate name - must include suffix)

FILED
MAR 25 AM 8:06
CLERK OF STATE
TALLAHASSEE, FLORIDA

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ALICIA M SWARCKOF
Name (Printed or typed)

8842 HILLSDALE DR.
Address

ORLANDO FL 32818
City, State & Zip

407-298-3247
Daytime Telephone number

F. CHESSEY MAR 26 1998

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:

DESIGN CUT & STYLE SALON INC

ARTICLE II PRINCIPAL OFFICE

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

1037 SOUTH DILLARD ST.
WINTER GARDEN FL 34787

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

RUDOLF F. SWARCKOF
8842 HILLSDALE DR
ORLANDO FL 32818

ARTICLE V INCORPORATOR

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

ALICIA M SWARCKOF
8842 HILLSDALE DR
ORLANDO FL 32818

Alicia M. Swarckof
Signature/Incorporator

3/23/98
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

Rudolf F. Swarckof
Signature/Registered Agent

3/23/98
Date

FILED
98 MAR 25 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA