TRANSMITTAL LETTER

P98000063737

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

200002592052--5 -07/17/98--01079--021 *****70.00 ******70.00

SUBJECT:	Cascades Salon, Inc. (Proposed corporate name - must include suffix)	
~~~~	(Proposed corporate name - must include suffix)	

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

X	\$70.00
Fil	ing Fee

\$78.75

Filing Fee & Certificate

\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:	Janet Tolar
	Name (Printed or typed)
	3108 Hwy 60 E. Address
	Address
	Valrico, Florida 33594 City, State & Zip
	City, State & Zip
•	(813) 661-4222
	Daytime Telephone number

FILED FILED SIAIL TO AM 8: 10

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

The name of the corporation shall be: Cascades Salon, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

3108 Hwy 60 E. Valrico, Florida 33594

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Larry Tolar 3108 Huy 60 E Valrico, FL 33594

### INCORPORATOR ARTICLE V

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Janet Tolar 3108 Hwy 60E Valrico, FL 33594

Signature/Incorporator

(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