

P98000078486

TRANSMITTAL LETTER

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

SUBJECT: Art of Hair Inc.

(Proposed corporate name - must include suffix)

600002636736--1

-09/11/98--01002--004

***122.50 ***122.50

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: Michael W. Heikens

Name (Printed or typed)

11530 Kenley Circle

Address

Orlando Fl. 32824

City, State & Zip

407-438-5538

Daytime Telephone number

will wait

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

98 SEP 11 AM 8:44

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:

Art Of Hair Inc.

ARTICLE II PRINCIPAL OFFICE

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

12207 South Orange Blossom Trail Ste. 302 Orlando, Florida 32387
OR

ARTICLE III SHARES

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

Fifty Thousand to be priced in the future.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Oliver Torres 3501 Vine St. Kissimmee Fl. 34741

ARTICLE V INCORPORATOR

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

Michael W. Heikens 11530 Kenley Circle Orlando Fl. 32824

Michael W Heikens

Signature/Incorporator

8-14-98

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

Oliver Torres

Signature/Registered Agent

8-14-98

Date