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TRANSMITTAL LETTER

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 SEP 18 PM 3:04

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

100002643981--9
-09/18/98-01097-019
****131.25 ****131.25

SUBJECT: CUTTING EDGE FAMILY HAIR CARE, INC.
(Proposed corporate name - must include suffix)

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: SHERIE A. GERDEMAN
Name (printed or typed)

306 CORAL DRIVE
Address

FORT WALTON BEACH, FL 32548
City, State & Zip

(850) 243-6987
Daytime Telephone number

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

D. BROWN SEP 22 1998

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

**CUTTING EDGE
FAMILY HAIR CARE, INC**

ARTICLE II PRINCIPAL OFFICE

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

**9200 Navarre Parkway
Suite D
Navarre, FL 32566**

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTRATION AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Sherie A. Gerdeman
306 Coral Drive
Fort Walton Beach, FL 32548**

2 copies

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is/are:

**Sherie A. Gerdeman
306 Coral Drive
Fort Walton Beach, FL 32548**

**Dianne Towner
2232 Whispering Pines Blvd
Navarre, FL 32566**

**Ronald E. Gerdeman
306 Coral Drive
Fort Walton Beach, FL 32548**

The undersigned incorporator(s) has/have executed these Articles of Incorporation this

15 day of Sept, 1998.

Sherie A. Gerdeman
Signature

Diane Towner
Signature

R. Gerdeman
Signature

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/ REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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: CUTTING EDGE
FAMILY HARE CARE, INC.

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

Sherie A. Gerdeman
(Name)

306 Coral Drive
(P.O. Box or Mail Drop Box NOT Acceptable)

Fort Walton Beach, FL 32548
(City/State/ZIP)

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.

Sherie A. Gerdeman
(Signature)

15 Sept. 1998
(Date)