**TRANSMITTAL LETTER**

P98000085931

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

**SUBJECT:** Illuzions Salon, Inc.
(Proposed corporate name - must include suffix)

RECEIVED
98 OCT -7 AM 11:53
DIVISION OF CORPORATIONS
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 of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

FROM: Donna M. Howell
Name (Printed or typed)

7952-2 Normandy Blvd.
Address

600002657806--6
-10/07/98--01069--017
*****78.75 *****78.75

Jacksonville, FLA. 32221
City, State & Zip

904-783-4034
Daytime Telephone number

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607, F.S., Florida Profit

ARTICLE I NAME
The name of the corporation shall be:
Illuzions - Salon, Inc.

ARTICLE II PRINCIPLE OFFICE
The principle place of business/mailing address is:
7952-2 Normandy Blvd.
Jacksonville, Fla. 32221

ARTICLE III SHARES
The number of shares of stock is:
1

ARTICLE IV OFFICERS/DIRECTORS (OPTIONAL)
The name(s) and address(es):
Donna M. Howell
7952-2 Normandy Blvd.
Jacksonville, Fla. 32221

ARTICLE V REGISTERED AGENT
The name and Florida street address of the registered agent is:
Donna M. Howell
7952-2 Normandy Blvd.
Jacksonville, Fla. 32221

ARTICLE VI INCORPORATOR
The name and address of the Incorporator is:
Donna M. Howell
7952-2 Normandy Blvd.
Jacksonville, Fla. 32221

**********

I hereby accept the appointment as Registered Agent & agree to act in this capacity.

Donna M. Howell — Signature/Registered Agent
10/7/98 — Date

Donna M. Howell — Signature/Incorporator
10/7/98 — Date