

TRANSMITTAL LETTER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

500002682905--6

-11/09/98--01033--020

\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT:

Hair Plus Boutique, 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 of Status

☐ \$78.75

Filing Fee

& Certified Copy

☐ \$87.50

Filing Fee,

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

**D.S. KECK & CO.**

Accountants • Tax Consultants

Deerfield Square

600 So. Federal Hwy. Suite 210

Deerfield Beach, FL 33441

City, State & Zip

Daytime Telephone number

P Hall

NOV 12 1998  
4

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

**Articles of Incorporation  
of  
HAIR PLUS BOUTIQUE, INC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE 1 NAME**

The name of the corporation shall be:

HAIR PLUS BOUTIQUE, INC.

The principal place of business of this corporation shall be:

2331 North State Road 7  
Suite 122  
Lauderhill, Fl. 33313

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 1000 shares at \$1.00 Par Value.

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

### **ARTICLE V OFFICERS DIRECTORS**

The names(s) and street address(es) of the initial officer(s) and director(s), if any who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

HILDA WEST GORDON      5424 NW 57<sup>th</sup> Street      Pres. - Secy.  
Tamarac, Fl. 33319

### **ARTICLE VI INCORPORATORS**

The name(s) and street address(es) of the Incorporator(s) to these articles of incorporation is (are):

HILDA WEST GORDON      5424 NW 57<sup>th</sup> Street  
Tamarac, Fl. 33319

**IN WITNESS WHEREOF**, the undersigned incorporator(s) have executed these Articles of Incorporation this      day of November, 1998.

Signature(s) of Incorporator(s)

Hilda West Gordon

**STATE OF FLORIDA  
COUNTY OF BROWARD**

I HEREBY CERTIFY that on this      day of November 1998 personally came and appeared before me, the undersigned authority, Hilda West Gordon, who is/are personally know to me or who produced Florida Drivers' License No. (N/A) to be the person(s) described in and who acknowledges to me the he/they executed the foregoing Certificate of Incorporation as his free and voluntary act and deed for the uses and purposes expressed therein.

**IN WITNESS WHEREOF**, I have hereunto set my hand and affixed my official seal on the day and year above written.

Dianne K Hart

Notary Public

My commission expires September 30, 2002

Commission Number: CC779648

**CERTIFICATE DESIGNATING**  
**REGISTERED AGENT/REGISTERED OFFICE**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.325, 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:  
HAIR PLUS BOUTIQUE, INC.
2. The name and address of the registered agent and office is:

HILDA WEST GORDON  
5424 NW 57<sup>TH</sup> STREET  
TAMARAC, FL. 33319

**HAVING BE NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.**

Hilda West Gordon  
Signature