

P98000098898

JOHN E CLARKE  
Requestor's Name

38 VISTA DEL RIO  
Address

BOYNTON BEACH FL 33426 SE1  
City/State/Zip Phone #

Office Use Only

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 NOV 24 PM 3:31

FILED

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. SOUTHBIDGE HEALTH & BEAUTY INC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |  |
|--------------------------|--|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

100002696021--U  
-11/25/98--01002--007  
\*\*\*\*78.75 \*\*\*\*78.75

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

T. SMITH NOV 24 1998

Examiner's Initials

**ARTICLES OF INCORPORATION**

**OF**

SOUTHBRIDGE HEALTH AND BEAUTY INC.

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:

SOUTHBRIDGE HEALTH AND BEAUTY INC.

**ARTICLE II PRINCIPAL OFFICE**

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

38 Vista Del Rio, Boynton Beach Fl. 33426

**ARTICLE III CAPITAL STOCK**

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

1,000 Shares Common

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

John E. Clarke 38 Vista Del Rio, Boynton Beach Fl. 33426

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**ARTICLE V INCORPORATOR(S)**

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

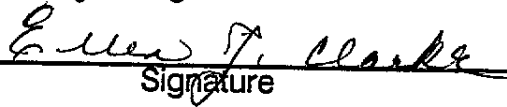
JOHN E. CLARKE, PRESIDENT

ELLEN J. CLARKE, V.P.

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

24 day of November, 19 98.

  
Signature

  
Signature

\_\_\_\_\_  
Signature

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

Pursuant to the provisions of sections 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: SOUTHBRIDGE HEALTH AND BEAUTY INC.  
\_\_\_\_\_

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

JOHN E. CLARKE

(NAME)

38 Vista Del Rio Boynton Beach Fl. 33426

(P.O. BOX NOT ACCEPTABLE)

(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.

SIGNATURE

John E. Clarke

DATE

11/24/98

REGISTERED AGENT FILING FEE: \$35.00

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