

Charter Number Only

VALIDATION ONLY

Requestor's Name

Address

City

State

ZIP

Phone

600002758326--3  
-01/29/99--01016--020  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

CORPORATION(S) NAME

SALON ELEGANCE THERAPIE  
INC.

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Profit         | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                 | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement             | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal     |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem            |
| <input type="checkbox"/> Walk In                   | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up         |
|  | <input type="checkbox"/> After 4:30      | <input type="checkbox"/> Mail Out                   |

FILED  
99 JAN 29 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Name
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Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

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99 JAN 29 AM 10:41  
DIVISION OF CORPORATION

copy



Empire Toll Free: 1-800-432-3028

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99 JAN 29 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# ARTICLES OF INCORPORATION

of

SALON ELEGANCE THERAPIE INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

## ARTICLE I CORPORATE NAME

The name of the corporation is:

SALON ELEGANCE THERAPIE INC.

## ARTICLE II-DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III-PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the law of the United States and the State of Florida.

## ARTICLE IV-CAPITAL STOCK

The corporation is authorized to issue 1,000 shares (100) of --- Dollar(s) (\$ 1 ) par value Common Stock, which shall be designated "Common Shares".

## ARTICLE V INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	JOANNE T. CRAFT			
ADDRESS	535 SOUTH FLAGLER DRIVE			
CITY	WPB	FLORIDA	ZIP	33401

The principal office, if known, or the mailing address of the corporation is:

NAME	JOANNE T. CRAFT			
ADDRESS	535 SOUTH FLAGLER DRIVE			
CITY	WPB	FLORIDA	ZIP	33401

*ARTICLE VI-INITIAL BOARD OF DIRECTORS*

This corporation shall have 1 director initially. The number of directors may be either increased or diminished from time to time by the By-laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

*ARTICLE VII INCORPORATORS*

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	JOANNE T. CRAFT			
ADDRESS	535 SOUTH FLAGLER DRIVE			
CITY	WPB	FLORIDA	ZIP	33401

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 26 day of JANUARY 1999.

Joanne T. Craft (Seal)  
\_\_\_\_\_(Seal)

**CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT**

*CERTIFICATE OF REGISTERED AGENT  
OF*

**SALON ELEGANCE THÉRAPIE INC.**

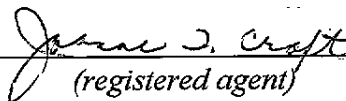
*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is  
submitted: The above corporation, desiring to organize under the laws of the  
State of Florida with its registered office as indicated in the Articles of  
Incorporation

at **535 SOUTH FLAGLER DRIVE**

**WEST PALM BEACH FLORIDA 33401**

has named **JOANNE T. CRAFT** Having been named as  
Registered Agent to accept service of process for the above stated corporation at the  
place designated in this certificate, and being familiar and with the obligations of that  
position, I hereby accept to place in this capacity, and agree to comply with the  
provisions of Florida Law in keeping open said office.

  
(registered agent)

99 JAN 29 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILED**