

P99000021963

DEPARTMENT of STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

SUBJECT: **SALON BANGZ INC.**

5000002795585--0
5000002795585--0

5000002795585--0
-03/05/99--01039--002
*****28.75 *****28.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:
seventy eight dollars and seventy five cents; Filing Fee & Certified Copy

FROM: Cheryl Asklof
C/O Bangz Hair Salon
100 Avenue A., Suite 1E
Fort Pierce, Florida 34950
(561) 461-2080

5000002795585--0
-03/05/99--01039--003
*****50.00 *****50.00

FILED
99 MAR -5 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-5-99
#

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation

Article I NAME:

The name of the corporation shall be:

SALON BANGZ INC.

Article II PRINCIPAL OFFICE:

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

100 AVENUE A., SUITE 1E., FORT PIERCE, FLORIDA 34950

Article III SHARES:

The number of shares of stock that this corporation is authorized to have shall be

ONE THOUSAND OF COMMON STOCK

Article IV INITIAL REGISTERED AGENT AND STREET NO.

The name and Florida street address of the initial registered agent are

CHERYL L. ASKLOF, 3781 SW COQUINA COVE WAY, PALM CITY, FLORIDA 34990

Article V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are

CHERYL L ASKLOF, 3781 SW COQUINA COVE WAY, PALM CITY, FLORIDA 34990

Cheryl Asklof 3/2/99

Signature/Incorpoator:

Date:

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above 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

Cheryl Askef

Signature/Registered Agent:

3/2/99

Date:

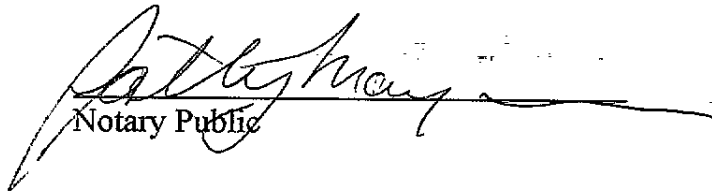
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF ST. LUCIE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared, CHERYL ASKLOF, to me known to be the person described in and who executed the foregoing instrument and she acknowledged before me that she executed the same.

WITNESS my hand and official seal in the County and State last aforesaid on this the 2nd day of March A.D. 1999.




Notary Public