

P99000033808

TRANSMITTAL LETTER

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

100002834321--7
-04/09/99-01021-018
*****78.75 *****78.75

SUBJECT: HEALTHY HAIR SALON, 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

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: SHIRLEY HICKS
Name (Printed or typed)

P.O. BOX 532
Address

PAHOKEE, FLORIDA 33476
City, State & Zip

(561) 996-6571 EXT. 419
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
99 APR -9 PM 5:23

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

ARTICLES OF INCORPORATION

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:

HEALTHY HAIR SALON, INC.

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ARTICLE II PRINCIPAL OFFICE

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

Principal Place of Business:

MAILING ADDRESS:

585 EAST MAIN STREET
PAHOKEE, FLORIDA 33476

P.O. BOX 532
PAHOKEE, Florida 33476

ARTICLE III SHARES

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

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SHIRLEY HICKS
39 CYPRESS AVENUE
BELLE GLADE, FLORIDA 33430

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

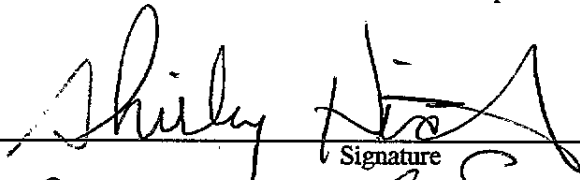
(1) SHIRLEY HICKS
39 CYPRESS AVENUE
BELLE GLADE, FLORIDA 33430

(2) MARGARET SMITH
230 SHIVE DRIVE
PAHOKEE, FLORIDA 33476

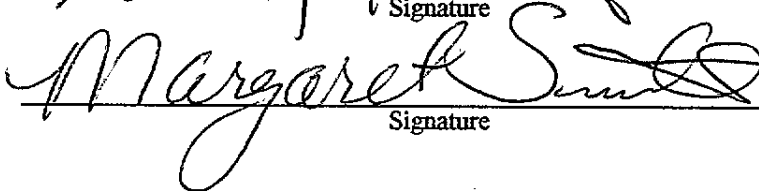
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

31ST day of MARCH, 19 99.

(An additional article must be added if an effective date is requested.)



Signature



Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 HEALTHY HAIR SALON, INC.

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

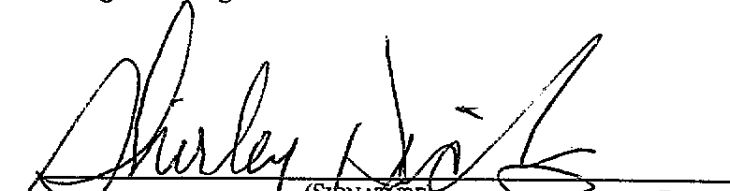
SHIRLEY HICKS
(NAME)


39 CYPRESS AVENUE
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

BELLE GLADE, FLORIDA 33430
(CITY/STATE/ZIP)

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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)



04-05-99
(DATE)