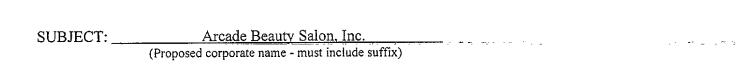
# 99900036967

TRANSMITTAL LETTER

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



Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

<b>√</b> \$70.00	\$78.75	\$122.50	\$131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate

Additional Copy Required

		-04/21/9901060018	
FROM: _	June Sackrider	*****70.00	*****70.00
	Name (printed or typed)		
<u></u>	533 Ketch Drive Address	<del></del>	ar k pro-u
	Naples, Florida 34103 City, State & Zip	<del></del>	
	(941) 434-0088  Davtime Telephone Number	<del></del> .	

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

Ching Control

#### 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:

Arcade Beauty Salon, Inc.



#### ARTICLE II PRINCIPAL OFFICE

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

2037 N. Tamiami Tr. Naples, Fl. 34103

#### 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:

June Sackrider 533 Ketch Drive Naples, Florida 34103

#### 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):

> June Sackrider 533 Ketch Drive Naples, Florida 34103

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

### 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: Arcade Beauty Salon, Inc.	
2.	The name and address of the registered agent and office is:	<u>.</u>
	June Sackrider (Name)	· :
	(P.O. Box or Mail Drop Box NOT Acceptable)  7533 Ketch Drive  (P.O. Box or Mail Drop Box NOT Acceptable)	7
	Naples, Florida 34103 (City/State/Zip)  Naples, Florida 34103 (City/State/Zip)  Naples, Florida 34103 (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) Sackhiller 4/14/99
(Date)