

1999000036967

TRANSMITTAL LETTER

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

FILED
99 APR 21 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Arcade Beauty 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:

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

Additional Copy Required

600002846106--3
-04/21/99-01060-018
*****70.00 *****70.00

FROM: June Sackrider
Name (printed or typed)

533 Ketch Drive
Address

Naples, Florida 34103
City, State & Zip

(941) 434-0088
Daytime Telephone Number

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

CH-4
NO COPY

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.

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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

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

14 day of April, 19 99.

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

June Sackrider
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: Arcade Beauty Salon, Inc.
2. The name and address of the registered agent and office is:

June Sackrider
(Name)

533 Ketch Drive
(P.O. Box or Mail Drop Box NOT Acceptable)

Naples, Florida 34103
(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.

June Sackrider
(Signature)

4/14/99
(Date)