1900045216

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

HairTime Salons Inc (Proposed corporate name - must include suffix)

*****70,00 *****70,00

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

\$131.25 Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

_Uzziah Brown

Name (Printed or typed)

317 oak Track Address

Ocala, FL 34472

City, State & Zip

(352) 687-1798 ___

Daytime Telephone number

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

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:

HairTime Salons Inc.

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 830161, Ocala, FL 34483-0161

ARTICLE III SHARES

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

25 Million Common

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Uzziah Brown, 317 Oak Track, Ocala, FL 34472

ARTICLE V INCORPORATOR

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

Uzziah Brown, 317 Oak Track, Ocala, FL 34472

Signature/Incorporator = 5/11/99

Date

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

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/Registered Agent

Date