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100 Avenue A, Suite C
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P99 000063085

July 8, 1999

Department of State
Division of Corporations
409 East Gaines Street
P. O. Box 6327
Tallahassee, FL 32314

700002926977--9
-07/09/99-01034-005
*****78.75 *****78.75

RE: S TRIPLE D, INC.

Dear Sir or Madam:

Enclosed please find original and one copy of the Articles of Incorporation for the above-referenced corporation. Also enclosed is my check for the following:

Filing fee	\$70.00
Certified Copy of Articles	<u>8.75</u>
Amount of check	\$78.75

Thank you for your prompt attention to this matter. If you have any questions, please feel free to contact me.

Very truly yours,



William E. Raikes, III

WER/phm
Enclosures

FILED
9 JUL -9 PM 2:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

OF

S TRIPLE D, INC.

ARTICLE I

NAME

The name of this corporation is S Triple D, Inc.

ARTICLE II

NATURE OF BUSINESS

The nature of business to be transacted by the corporation shall be: hair and nail salon and any other business which may be lawfully carried out by a Florida corporation.

ARTICLE III

CAPITAL STOCK

This Corporation shall have one (1) class of common stock having a par value of One Dollar (\$1.00) per share and the same shall be fully paid and non-assessable. The maximum number of shares of said stock this Corporation is authorized to have outstanding at any one time is Seven Thousand (7,000.00) shares.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV

INITIAL CAPITAL

The amount of capital with which this Corporation shall begin business is Five Hundred (\$500.00) Dollars.

ARTICLE V

TERM OF EXISTENCE

This corporation shall have perpetual existence.

ARTICLE VI

ADDRESS

The initial street address of the principal office of this Corporation in the State of Florida is: 6847 South U.S. 1, Lexington Shoppes, Port St. Lucie, Florida 34952 . The Board of Directors may from time to time move the principal office to any other address in the State of Florida.

ARTICLE VII

DIRECTORS

This Corporation shall initially have one (1) Director. The number of Directors may be increased or diminished from time to time by the By-Laws adopted by the stockholder, but shall never be less than one (1).

ARTICLE VIII

INITIAL DIRECTOR

The names and addresses of the initial Director(s) are:

NAME

Suzie Rasha

ADDRESS

350 SW Twig Avenue
Port St. Lucie, Florida 34983

ARTICLE IX

SUBSCRIBER

The name and address of the Subscriber of these Articles of Incorporation is as follows:

NAME

Suzie Rasha

ADDRESS

350 SW Twig Avenue
Port St. Lucie, Florida 34983

ARTICLE X

REGISTERED RESIDENT AGENT AND REGISTERED OFFICE

The name and address of the Registered Resident Agent and her Registered Office to accept service of process within the State for this Corporation is:

NAME

Suzie Rasha

ADDRESS

6847 South U.S. 1
Lexington Shoppes
Port St. Lucie, Florida 34982

ARTICLE XI
AMENDMENTS

These Articles of Incorporation may be amended in the manner provided by law. Each amendment shall be approved by the Board of Directors, proposed by them to the Stockholders and approved at a Stockholders meeting by a majority of the Stockholders entitled to vote thereon; provided, however, amendments may also be made to these Articles of Incorporation upon all of the Directors and Stockholders signing a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned subscribing Incorporator and Subscriber, a natural person competent to contract, hereunto sets his/her hand and seal this 8th day of July, 1999.



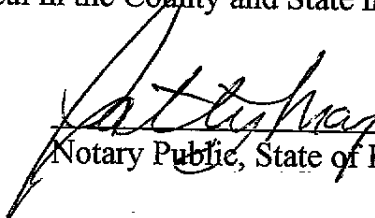
SUZIE RASHA

STATE OF FLORIDA
COUNTY OF ST. LUCIE

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County aforesaid to take acknowledgments, personally appeared SUZIE RASHA, who is personally known to me or who did provide FL Dr. Lic as identification, and who executed the foregoing Articles of Incorporation, and she acknowledged before me that she executed and subscribed to these Articles of Incorporation.

Witness my hand and official seal in the County and State named above this 8th day of July, 1999.






Notary Public, State of Florida

ACKNOWLEDGMENT OF
REGISTERED RESIDENT AGENT

Having been named Registered Resident Agent to accept service of process for S Triple D, Inc. at the place designated in this certificate, I hereby accept the designation as Registered Resident Agent and agree to comply with all of the provisions of Chapter 48, Florida Statutes, as amended.



SUZIE RASHA
Registered Resident Agent

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SECRETARY OF STATE
TALLAHASSEE FLORIDA