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September 27, 1999

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 600002998696—-6 -09/29/99—01003--003 *****78.75 *****78.75

SUBJECT: Tease Me Hair Salon & Beauty Supplies Compny

Enclosed is an original and one (1) copy of the articles of incorporation and a check for the \$78.75 Filing Fee ad Certificate of Status.

FROM: Myrna Rubens

901 S. W. 128 th Avenue, Suite 311

Pembroke Pines, FL 33027

(954) 433-0947 Daytime Phone Number

(954) 435-7257 Fax Number mmrubens@bellsouth.net Email Address

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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: Tease Me Hair Salon & Beauty Supplies Company

ARTICLE II - PRINCIPAL OFFICE

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

% Myrna Rubens 901 S. W. 128th Avenue, Suite 311 Pembroke Pines, FL 33027

ARTICLE III - SHARES

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

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of initial registered is:

Myrna Rubens 901 S. W. 128th Avenue, Suite 311 Pembroke Pines, FL 33027

ARTICLE V - INCORPORATOR

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

Myrna Rubens 901 S. W. 128th Avenue, Suite 311 Pembroke Pines, FL 33027

ARTICLE VI - POWER TO AMEND

The name and address the person who has the Power to Amend these Articles of Incorporation is:

Myrna Rubens 901 S. W. 128th Avenue, Suite 311 Pembroke Pines, FL 33027

Signature/Incorporator

9/27/9 9 Date

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

9/27/9 P