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

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******78.75 ******78.75

	(Proposed corpo	orate name - must include su	ffix)
Enclosed is an origin	nal and one(1) copy of the article	es of incorporation and a	check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$3\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Caymen Name (P.	D. Flore rinted or typed)	<u>s</u>
	Orlando City,	Address State & Zip	99 OCT 28 SECKLIVARY ALLAHASSE
	GAVE HONE TO	282-335 elephone number of acceptance les Incorporator	PHIZ: 42 FRORIDA /LA

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

Articles of Incorporation of DELIA'S HAIR DESIGNERS

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I. Name

The name of the Corporation is DELIA'S HAIR DESIGNERS, hereinafter referred to as the "Corporation."

II. <u>Purposes</u>

The purpose of the Corporation is to transact any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.

III. Principal Office and Registered Agent

The principal office of the Corporation is 5806 LAKE UNDERHILL, ORLANDO, Florida 32807. The Corporation may maintain offices and/or transact business at other locations, either within or without the State of Florida. The name and address of the registered agent for service of process upon the Corporation is CARMEN D. FLORES, 56/50thern Charm Dr. Orlando, Florida 32807.

I hereby am familiar with and accept the duties and responsibilities of

I hereby am familiar with and accept the duties and responsibilities of Registered Agent. IV.

Duration

The duration of the Corporation shall be perpetual.

V. Initial Business

The initial business of the Corporation shall be:

VI. Capital Stock

The Corporation is authorized to issue only one class of shares of stock which shall be designated Common Stock. The total number of shares the Corporation shall have authority to issue is/ OO, each share to have a par value of \$_1.00
VII. <u>Incorporators</u>
The names and mailing addresses of the incorporators are:
Incorporator Name Incorporator Address
Carmen D. Flores - 561 Southern Charm Dr. Orlando, FL 32807
Enrique Cruz - 561 Southern Charm Dr. OMando, FC 32807
VIII. <u>Directors</u>
The number of directors constituting the initial Board of Directors of the Corporation is The name(s) and address(es) of the person(s) who is/are appointed to act as the initial director(s) of the Corporation is/are:
Director Name Director Address
Carmen D. Plores - 561 Southern Charmer. Orlando FC 32807

IX. <u>No Personal Liability</u>

The private property of the stockholders shall not be subject to the payment of corporate debts.

X. **Operating Provisions**

The provisions for the operation, regulations, and management of the business and internal affairs of the Corporation shall be as set forth in the Bylaws, which may be amended from time to time by a majority vote of a quorum of the Board of Directors.

XI. Fiscal Year

The fiscal year of the Corporation shall be from January to December of each year.

IN WITNESS WHEREOF, we have hereunto set our hands and seals on this, the day of August 1999

Incorporator/Registered Agent

Tanuary to December to Jeruary to Jeruary

State of Floride
State of Florida County of Orange
BEFORE ME, the undersigned authority, on this day personally appeared whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.
SUBSCRIBED AND SWORN TO BEFORE ME this the 3/8 day of
(NOTARY) Bonded By Service Ins No. 00645790 Notary Public in and for the State of
My Commission Expires: 200 /
State of Florida County of Orange
County of Orange
BEFORE ME, the undersigned authority, on this day personally appeared Enrique Cruz, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.
SUBSCRIBED AND SWORN TO BEFORE ME this the 3/st day of August 1999.
My Comm Eup. 5/08/2001 Bonded By Barder Ins No. 00345730 18 Forgonsity Known 1106er I.D. State of

My Commission Expires: 200/