P99000095782

TRANSMITTAL LETTER

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

SUBJECT: Ultimate Hair Care Inc
(Proposed corporate name - must include suffix)

400003027894--5
-10/28/99--01051--016
*****87.50 *****87.50

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 of Status

☐ $78.75 Filing Fee & Certified Copy

☑ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Judith McFarlane
Name (Printed or typed)

19201 N W 5th Ct
Address

Miami FL 33169
City, State & Zip

305 965-8295
Daytime Telephone number

FILED
99 OCT 28 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

* Corrected Art III + IV by adding Judith's name. See attached letter.

CB 11-1-99

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: Ultimate Hair Care Inc

ARTICLE II PRINCIPAL OFFICE

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

199 N W 62nd St Miami FL 33130

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99 OCT 28 AM 9:42

ARTICLE III SHARES

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

1

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

19201 N W 5th et Miami FL 33169

ARTICLE V INCORPORATOR

The **name and address** of the incorporator to these Articles of Incorporation are: Judith Ms Farlane

199 N W 62nd Street Miami FL 33130

Judith McFarlane — 10-18-99

Signature/Incorporator — **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

Judith McFarlane — 10-18-99

Signature/Registered Agent — **Date**