

TRANSMITTAL LETTER

P 99 0000 98021

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

600003036526--0  
-11/05/99--01067--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: SALON Development Group, Inc.

(Proposed corporate name - must include suffix)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 NOV -5 AM 11:46

FILED

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: DARYL STRICKLAND  
Name (Printed or typed)

12504 ASH HARBOR DRIVE  
Address

JACKSONVILLE FL 32224  
City/State & Zip

904-463-6875  
Daytime Telephone number

F. CHAMBERLAIN NOV 5 1999

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:

Salon Development Group, Inc.

## ARTICLE II      PRINCIPAL OFFICE

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

12504 Ash Harbor Drive  
Jacksonville, Florida 32224

## ARTICLE III      SHARES

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

2.5 Million Shares

## ARTICLE IV      INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Daryl Strickland, 12504 Ash Harbor Drive, Jacksonville, Florida 32224

## ARTICLE V      INCORPORATOR

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

Daryl Strickland, 12504 Ash Harbor Drive, Jacksonville, Florida 32224

  
\_\_\_\_\_  
Signature/Incorporator

11.2.99  
\_\_\_\_\_  
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

11.2.99  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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