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FLORIDA PROFIT/NON PROFIT CORPORATION
ACTIVES FOR COSMETICS INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida Business Corporation Act, Hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ACTIVES FOR COSMETICS INC.

ARTICLE II PRINCIPAL OFFICE

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

15574 SW 103 Street

MIAMI, FL 33196

ARTICLE III SHARES

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

100 Shares @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JUAN DAVID ACOSTA
15574 SW 103 STREET
MIAMI, FL 33196

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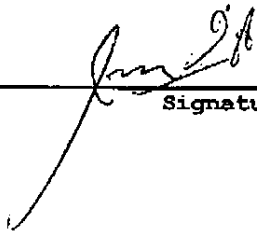
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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JUAN DAVID ACOSTA President / Secretary
15574 SW 103 STREET
MIAMI, FL 33196
(305)360-5103

The undersigned incorporator(s) has (Have) executed these Articles of Incorporation this 17 day of FEB 2016



Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE. REGISTERED AGENT, IN THE STATE OF FLORIDA.

1 The name of the corporation is ACTIVES FOR COSMETICS INC.

15574 SW 103 Street
MIAMI, FL 33196

H16000043171

2 The name and address of the registered agent and office is:

JUAN DAVID ACOSTA

Name

15574 SW 103 Street

(P.O. Box or Mail Drop NOT acceptable)

MIAMI, FL 33196

(City/State/Zip)

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)

Feb 17/2016
(DATE)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 23214

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