

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 10/18 Glinda

- CERTIFIED COPY** _____
- PHOTOCOPY** _____
- CUS** _____
- FILING** Articles _____

1. **Zue Inc**

(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

FILED
OCT 19 9 10
16

SPECIAL INSTRUCTIONS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2016

CORPORATE ACCESS, INC.

Corrected

SUBJECT: ZUE INC
Ref. Number: W16000070957

We have received your document for ZUE INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 016A00022400

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DEPARTMENT OF STATE
16 OCT 19 PM 2:37

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16 OCT 19 AM 9 10

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME Zue Beauty Inc
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:

515 E Las Olas Boulevard Suite 120

Fort Lauderdale, FL 33301

ARTICLE III PURPOSE wholesale and distribution of cosmetics, supplements,
The purpose for which the corporation is organized is: _____
snacks, and other goods.

ARTICLE IV SHARES 10,000,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|--------------------------------------|-----------------|-----------------------------|
| Name and Title: | Gabriel Maya, Director | Name and Title: | Bruce Akers, Vice President |
| Address | 515 E. Las Olas Boulevard, Suite 120 | Address: | 59 Meadowood Dr. |
| | Fort Lauderdale, FL 33301 | | Larkspur, CA 94939 |

| | | | |
|-----------------|----------------------------------|-----------------|----------------------------------|
| Name and Title: | Alexandra Villamizar, President | Name and Title: | Alexandra Villamizar, Treasurer |
| Address | 1114 Vizcaya Lakes Rd., Apt. 302 | Address: | 1114 Vizcaya Lakes Rd., Apt. 302 |
| | Ocoee, FL 34761 | | Ocoee, FL 34761 |

| | | | |
|-----------------|------------------------|-----------------|--|
| Name and Title: | Bruce Akers, Secretary | Name and Title: | |
| Address | 59 Meadowood Dr. | Address: | |
| | Larkspur, CA 94939 | | |

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: REGISTERED AGENTS INC.
 Address: 3030 N. Rocky Point Dr., STE 150A
Tampa, FL 33607

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Amanda Beren
 Address: 340 N. Westlake Blvd., Ste. 210
Westlake Village, CA 91362

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Bill Havre Bill Havre/Assistant Secretary/Registered Agents Inc. 10/17/2016
 Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

AB 10/17/2016
 Required Signature/Incorporator Date