

Division of Corporations

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**P 02000106985**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : DAVID TORCHIN, C.P.A., P.A.  
Account Number : I19990000007  
Phone : (954)472-3124  
Fax Number : (954)472-0067

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**FLORIDA PROFIT CORPORATION OR P.A.**

**Jillicious Makeup, Inc.**

Certificate of Status	1
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**ARTICLES OF INCORPORATION**  
**OF**

**Jillicious Makeup, Inc.**

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:

**Jillicious Makeup, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

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

Principal Place of Business:

Mailing Address:

**20432 NE 16th Place  
North Miami, FL 33179**

**20432 NE 16th Place  
North Miami, FL 33179**

Phone Number:

**305-582-3267**

**ARTICLE III CAPITAL STOCK**

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

**One Thousand Shares (1000.) at One Dollar (\$1.00) par value per share.**

David Torchin, C.P.A., P.A.  
8211 West Broward Blvd., Suite 200  
Plantation, FL 33324-2726  
Phone: (954) 472-3124  
Fax: (954) 472-0067

Fax Audit Number:

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**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Jillian Jacobson  
20432 NE 16th Place  
North Miami, FL 33179

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporators to these Articles of incorporation and the office each shall hold is(are):

President  
Jillian Jacobson  
20432 NE 16th Place  
North Miami, FL 33179

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 3rd day of October, 2002.

  
Signature

David Torchin, C.P.A., P.A.  
8211 West Broward Blvd., Suite 200  
Plantation, FL 33324-2726  
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**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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:

**Jillicious Makeup, Inc.**

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

**Jillian Jacobson**  
**20432 NE 16th Place**  
**North Miami, FL 33179**

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

10/03/02

Date

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