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Certified Copies	_ Certificates	of Status	_
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TRANSMITTAL LETTER

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

SUBJECT: Per	fectly Perfect, Inc.				
· · · · · · · · · · · · · · · · · · ·	(PROPOSED CORPORA	TE NAME – <u>MUSTINGU</u>	UDDESUEEX)		
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:		
·	_				
\$70.00	□ \$78.75	\$78.75	≥ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
		ADDITIONAL CO	Status		
		ADDITIONAL CO	DPY REQUIRED		
FROM:	Luz Mary Balazs				
	Name	(Printed or typed)	· · · · · · · · · · · · · · · · · · ·		
	23395 CarolWood Lane	Apt. # 4105			
-		Address		en en en	
	Boca Raton Florida, 3342	28			
City, State & Zip					
	561- 487-3289				
-	Daytime *	Telephone number			

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Perfectly Perfect, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

233395 Carol Wood Lane Apt# 4105 Boca Raton. FL. 33428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Permanent Make-up

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Luz Mary Balazs - President 23395 CarolWood Lane Boca Ratonm, 33428

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Eugenio I. Jimenez 23395 CarolWood Lane Apt# 4105 Boca Raton , FL 33428

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Luz Mary Balazs 23395 Carol Wood Lane Apt# 4105 Boca Raton, Fl 33428

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

Signature/Registered Agent

Signature/Incorporator

2-24-03

Date

O3 FEB 27 PH 9: 43
SECRETARY OF STATE
ANASSEE, FLORIDA