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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : A 1 A CCRPORATE SERVICES, INC

Account Number: I20010000247
Phone: (800)494-3124

Phone : (800) 494-3124 Fax Number : (305) 675-2811

FLORIDA PROFIT CORPORATION OR P.A.

Bellallusions By Katy Raine Inc.

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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: Bellallusions By Katy Raine Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is : 12805 Devonshire Lakes Circle Fort Myers, FL 33913

PILED O4 NOV -1 PH 12: 59 SECRETARY OF STATE SALLARIASSEE FLORID

ARTICLE III PURPOSE

The purpose for which the corporation is organized:

The corporation may engage in any activity of business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is: President:
Katy Raine
12805 Devonshire Lakes Circle
Fort Myers, FL 33913

ARTICLE VI REGISTERED AGENT

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

A1A REGISTERED AGENT INC. 92 SADBERRY RD. QUINCY, FL 32351

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ARTICLE VII INCORPORATOR

The name and F orida street address of the incorporator is:

A1A REGISTERED AGENT INC.

92 SADBERRY RD.

QUINCY, FL 32351

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.

Signatüre / Registered Agent

Date

Signature/Incorporator

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