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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. L. 11/10

## TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_

*Epitome Professional Inc.*

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: \_\_\_\_\_

*Mc Ivan A. Jarrett*

Name (Printed or typed)

*12400 S.W. 134<sup>th</sup> Ct, STE 11*

Address

*Miami FL 33186*

City, State & Zip

*305-527-3362*

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:

Epitomi Professional Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12400 S.W 134th Court Ste. 11, Miami, Florida 33186

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For the sale and distribution of Health and Beauty Aid products

## ARTICLE IV SHARES

The number of shares of stock is:

10,000 par value .001

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

McIvan A. Jarrett President 12400 S.W 134th Court. Ste. 11 Miami, Florida 33186

Joy Leacock-Jarrett Vice President 12400 S.W 134th Court, Ste. 11, Mimai, Florida 33186

## ARTICLE VI REGISTERED AGENT

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

McIvan Jarrett 12400 S.W 134th Court, Ste 11, Miami, Florida 33186

## ARTICLE VII INCORPORATOR

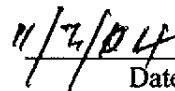
The name and address of the Incorporator is:

McIvan Jarrett 12400 S.W 134th Court, Ste 11, Miami, Florida 3318i

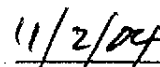
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA