

FROM : (305) 639-4725
Division of Corporations

PHONE NO. 3056394725

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Florida Department of State
Division of Corporations
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Electronic Filing Cover Sheet

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To:

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

From:

Account Name : PROFESSIONAL VISA, INC.
Account Number : 120020000173
Phone : (305) 639-4737
Fax Number : (305) 639-4725

FLORIDA PROFIT CORPORATION OR P.A.

Makeover Solutions, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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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:

Makeover Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4995 NW 72 Ave. Suite 205
Miami, Fl. 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any or all lawful activities or business permitted under the laws of The United States, the State of Florida, or any others states, country, territory, or nation.

ARTICLE IV SHARES

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

Five thousand shares at one dollar par value.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

President:	Sergio Saladrigas
	7220 NW 36 St. Suite 315
	Miami, Fl. 33166

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ARTICLE VI REGISTERED AGENT

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

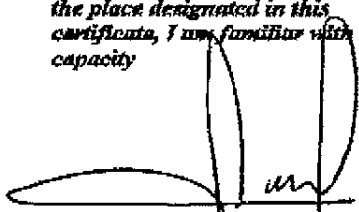
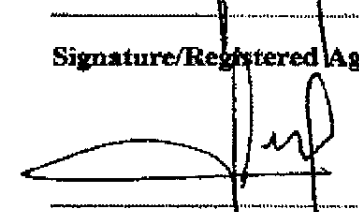
Nilda Velazco
7220 NW 36 St. Suite 315
Miami, Fl. 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nilda Velazco
7220 NW 36 St. Suite 315
Miami, Fl. 33166

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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