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SECRETARY OF STATE

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TRANSMITTAL LETTER

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

| Enclosed is an original an | id one(1) copy of the artic | cles of incorporation and a c | check for: |
|----------------------------|---|--------------------------------|---|
| ☐ \$70.00 Filing Fee | S78.75 Filing Fee & Certificate of Status | Filing Fee & Certified Copy | S87.50 Filing Fee, Certified Copy & Certificate |
| | | ADDITIONAL CO | PY REQUIRED |
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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

COSMECARE TECH INT'L, CORP.

ARTICLE II PRINCIPAL OFFICE

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

11861 S.W. 208th TERR. MIAMI, FL 33177

ARTICLE III SHARES

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

10,000 Common Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

RAFAELA AGUILAR 11861 S.W. 208 TERR. MIAMI, FL. 33177

ARTICLE V INCORPORATOR / OFFICERS

The name and address of the incorporator to these Articles of Incorporation are:

PRESIDENT

SECRETARY

VICE-PRESIDENT/

MANUEL J. LOPEZ

11861 S.W. 208th TERR.

RAFAELA AGUILAR 118

MIAMI, FL. 33177 11861 S.W. 208th TERR.

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MIAMI, FL. 33177

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Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent Date