

PO7000088148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

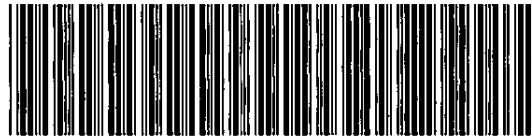
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
8/4

COVER LETTER

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

SUBJECT: HEALTH AND BEAUTY SUPPLIES, 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: HEALTH AND BEAUTY SUPPLIES, INC.
Name (Printed or typed)

3240 W. 70 STREET. UNIT 119

Address

HIALEAH, FL. 33018

City, State & Zip

(305) 364-9692

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

HEALTH AND BEAUTY SUPPLIES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

3240 W. 70 STREET. UNIT 119, HIALEAH, FL. 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES OF HEALTH AND BEAUTY SUPPLIES

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES, \$ 1.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MAY DUFFLAR, 3240 W. 70 STREET. UNIT 119, HIALEAH, FL. 33018

ARTICLE VI REGISTERED AGENT

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

MAY DUFFLAR, 3240 W. 70 STREET. UNIT 119, HIALEAH, FL. 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MAY DUFFLAR, 3240 W. 70 STREET. UNIT 119, HIALEAH, FL. 33018

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/Incorporator

8 / 01 / 07

Date

Signature/Incorporator

Date