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(1	Requestor's Name)			
(,	Address)			
	Address)			
(1	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

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FILED 1001 OCT 11 P 1:55 SECRETARY OF STATE

COVER LETTER

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

SUBJECT: Alon	ddra Cosmetics, Inc.			
	(PROPOSED CORPORA) ginal and one (1) copy of the artic	,		
\$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	
FROM:	Raiza Arraiz Name (Printed or typed)			
	11820 SW 35 Terrace - Address			
	Miami, Florida 33175 City,	State & Zip		
	Daytime To	elephone 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:

Alonddra Cosmetics, Inc.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

11820 SW 35 Terrace Miami, Fl. 33175

ARTICLE III __PURPOSE

The purpose for which the corporation is organized is:

To provide professional make-up products, services, consulting, staffing, training and business development opportunities.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Raiza Arraiz, President 11820 SW 35 Terrace Miami, Fl. 33175

Agustin Gonzalez, Senior Vice President, Secretary

REGISTERED AGENT ARTICLE VI

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

Ivan Jimenez

7300 Corporate Center Drive, Suite 301

Miami, Fl. 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ivan Jimenez

7300 Corporate Center Drive, Suite 301

Miami, Fl. 33126

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

September 26, 2007 Date

September 26, 2007 Date Signature/Incorporato

FILED

SECRETARY OF STATE

LLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Alor	nddra Cosmetics, Inc.	35.4			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an ori	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	▼ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
EDOM.	Raiza Arraiz				
FROM:	Name (Printed or typed)				
	11820 SW 35 Terrace	Address			
	Miami, Florida 33175	State & Zip	 		
	Daytime T	elephone number			

NOTE: Please provide the original and one copy of the articles.