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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
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From:  
Account Name : CSH SERVICES, LLC  
Account Number : 12C070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

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DEPARTMENT OF STATE  
09 MAY - 4 PM 5:02

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**PINK PERFECTION INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2009 MAY - 4 P 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (P.S.)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

PINK PERFECTION INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

6400 ALLISON ROAD  
MIAMI BEACH, FLORIDA 33141

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

**ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)**

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT  
CASSANDRA HALL  
6400 ALLISON ROAD  
MIAMI BEACH, FLORIDA 33141

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

CASSANDRA HALL  
6400 ALLISON ROAD  
MIAMI BEACH, FLORIDA 33141

**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

CASSANDRA HALL  
6400 ALLISON ROAD  
MIAMI BEACH, FLORIDA 33141

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.

  
\_\_\_\_\_  
CASSANDRA HALL / Registered Agent

5-4-09  
Date

  
\_\_\_\_\_  
CASSANDRA HALL / Incorporator

5-4-09  
Date

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