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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EP 9/9/09

## COVER LETTER

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

SUBJECT: 3 STAR BRAZILIAN KERATIN, Corp.  
(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: ABRAHAM LOPEZ  
Name (Printed or typed)

3658 NE 18<sup>TH</sup> TERRACE  
Address

POMPANO BEACH, FL 33064  
City, State & Zip

954-861-8801  
Daytime Telephone number

ABRAHAMPERNIA@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

**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:

3 STAR BRAZILIAN KERATIN, CORP.

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

3658 NE 18TH TERRACE  
POMPAHO BEACH, FLORIDA 33064

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HAIR PRODUCT SALES

## 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):

ABRAHAM LOPEZ - PRESIDENT  
1415 SW 45TH WAY DEERFIELD BEACH, FL 33442

## ARTICLE VI REGISTERED AGENT

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

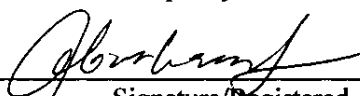
ABRAHAM LOPEZ  
1415 SW 45TH WAY  
DEERFIELD BEACH, FL 33442

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ABRAHAM LOPEZ  
1415 SW 45TH WAY  
DEERFIELD BEACH, FL 33442

\*\*\*\*\*  
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

X   
\_\_\_\_\_  
Signature/Registered Agent

9/2/09

Date

X   
\_\_\_\_\_  
Signature/Incorporator

9/2/09

Date

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09 SEP -4 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA