P10000020912

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

Office Use Only



900168725009

02/22/10--01019--015 **78.75

10 MAR -8 PH 4: 29

WI 555000 9191

3-9-10

ch

COVER LETTER

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

SUBJECT: AS	TERIA MAKE-	UP STUDIO	, INC.
	(PROPOSED CÓRPORA	ATÉ NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	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
FROM:	SHAWN KIND	e (Printed or typed)	
	4130 NE 27th A	VENUE Address	
<u>L</u>	IGHTHEUSE POINT	FL 330GC State & Zip	

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

CHICETTA GOPTONUNE NET

E-mail address: (to be used for future annual report notification)

531.8831
Daytime Telephone number

· ..



RECEIVED

10 MAR -8 PM 3:58

FLORIDA DEPARTMENT OF STATE Division of Corporations

DEPARTMENT OF STATE BIVISION OF CORPORATIONS TAI LAHASSEE, FLORIDA

February 23, 2010

SHAWN KIND 4130 NE 27TH AVENUE LIGHTHOUSE POINT, FL 33064

SUBJECT: ASTERIA MAKE-UP STUDIO, INC.

Ref. Number: W10000009191

We have received your document for ASTERIA MAKE-UP STUDIO, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Christine Haney Senior Clerk New Filing Section

Letter Number: 210A00004508

the control of the co

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: ASTERIA MAKE-UP STUDIO, INC.	
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 3773 N. FEDERAL HWY (Suite 203) POMPAND BEACH, FL 33064 ARTICLE III PURPOSE The purpose for which the corporation is organized is:	TO MAR -8 -
PROFESSIONAL CORPORATION	
ARTICLE IV SHARES The number of shares of stock is:	<u>ैं</u> 30
List name(s), address(es) and specific title(s): SHAWN KIND (PRESIDENT) 4130 NEZTH AVENICUE WOODS (VICE PRESIDENT) ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered as SHAWINI KIND 4130 NEZTH AVE LIGHTHOUSE POINT, FL 33004 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: SHAWN KIND 4130 NEZTH AVE LIGHTHOUSE POINT, FL 33064 Having been named as registered agent to accept service of process for the above	agent is:
place designated in this certificate, I am familiar with and accept the appointme agree to act in this capacity	-
Shown King Shown King Registered Agent	/8/10 Date
Signature/Incorporator Traun KIND	Date Date
ン・()~() 1 (~() () ()	