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Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
JULIA HAVEN COSMETICS INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

RECEIVED
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T. Buck MAY 18 2010

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:

JULIA HAVEN COSMETICS INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
3370 NE 190th Street, Apt 915, Aventura, FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To engage in any legal act or activity

ARTICLE IV SHARES

The number of shares of stock is:
200 @ no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Harold Dubs, 3370 (DIRECTOR)
NE 190th Street, Apt
915, Aventura, FL
33180, Director

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Harold Dubs, 3370 NE 190th Street, Apt 915, Aventura, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Oona Alsaint., 62 White Street, New York, NY 10013

****

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 of Registered Agent — 4/17/10 Date

Oona Alsaint

Signature of Incorporator — 4/17/10 Date

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