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## **COVER LETTER**

epartment of State ew Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$78.75 \$70.00 **\$78.75** \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED

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)	F/
ARTICLE I NAME	2010.SED
The name of the corporation shall be:	SF0 24 D
Kairos Belleza SPa Corp.	ZOIO SEP 24 PM 12: 46 TALLAHASSEE. FLORIOL
ARTICLE II PRINCIPAL OFFICE  The principal street address and mailing address, if different is:	E.FLORIO
8401 SN 43 ST , Miami FL 33155	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: 70 Crea frovide support for the advancement	te opportunities and
Technology.	or skin care
ARTICLE IV SHARES	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
List hame(s), address(es) and specific fine(s). $1.1 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0 < 0.0$	R Miami FL 33165/RA
List name(s), address(es) and specific title(s): AUrea SOTO 9960SW 42 TER MUYIG Cruz GOMUZ 9960SW 42 TER	Miami E1 3310 C/+
PIGNIA CRUZ GONGZ 9960 300 12 TEZ	TNCA BOLL FOR
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) and the name acceptable address (P.O. Box NOT acceptable) and the name acceptable	the registered agent is:
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the Aurea SOTO 9960 SW 42 TOR	2 Miami EL 33165
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	
Maria Cruz Gorez 99605W 42	Ten the Time
11 100 0002 010002 11 1003-7 42	10/2, 11/ann re 331 65
************	********
Having been named as registered agent to accept service of process	
place designated in this certificate. I am familiar with and accept the agree to act in this capacity	he appointment as registered agent and
	01/1/10
	<u>00110110</u>
Signature/Registered Agent	(% a l (a l ()
Signature/Incorporator	Date
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