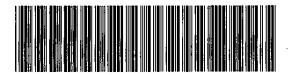
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COVER LETTER

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

SUBJECT: Perry L. Oakley Makeup Artistry, Inc.
(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 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Perry Lynn Oakley Name (Printed or typed) 124 Wyndham Drive Address Winter Haven, FL 33884 City, State & Zip 863-207-5023 Daytime Telephone number perryloakley@gmail.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)

	NAME Perry L. Oakley Ma	akeup Artistry, Inc.	FILED
The name of the cor	•		In Nov
ARTICLE II	PRINCIPAL OFFICE		Idress Statterent is: ALI AHASSEE FLORIO
44	Principal street address	Mailing ac	Idress of different is:
	24 Wyndham Drive /inter Haven, FL 33884		THE AHASSEE FLOAT
	Inter Haven, FL 33884		CORIO
ARTICLE III I	PURPOSE		
	nich the corporation is organized is:		
To provide ma	akeup services to clientele.		
ARTICLE IV The number of share	SHARES es of stock is:100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	CTORS	·
	ile:Perry Lynn Oakley		
Address:	124 Wyndham Drive		
	Winter Haven, FL 33884		
	lle:	Name and Title:	
Address:		Address.	
Name and Tit	ile:	Name and Title:	
Address:			
	REGISTERED AGENT		
	rida street address (P.O. Box NOT accepta		
Name:	David Alexander, Esq. c/o Peterson and		
Address:	141 5th Street, N.W., Winter Haven, FL 33881-467		
	vvinter Haven, FL 33001-40	<i>1.</i> 3	
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and add</u>	ress of the Incorporator is:		
Name:	Perry Lynn Oakley		
Address:	124 Wyndham Drive		
	Winter Haven, FL 33884		
Having been name	d as registered agent to accept service of a samiliar with and accept the appointment	process for the above stated corpo t as registered agent and agree to a	ration at the place designated in ct in this capacity
	$\langle \cdot \mid \wedge \cdot \mid \cdot$,
_) <u>~</u>	Required Signature/Registered Age		10-5-10
	•		Date
submit this docur document /to-th e De	nent and affirm that the facts stated here partment of State constitutes a third degre	ein are true. I am aware that the e felony as provided for in s.817.15	false information submitted in a 5, F.S.
(1)000		V V 4V-	10 0 10
			10.2.10
4 -	Required Signature/Insorporator	•	Date