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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

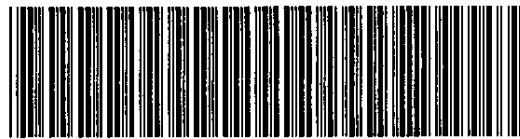
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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4:12 PM  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 AUG - 2 PM 2:08

*JG* 8/3/11

**COVER LETTER**

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

**SUBJECT: EDREY BODY SHOP 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Edrey Acosta  
Name (Printed or typed)

5303 NW 7 ST Unit-L  
Address

Miami FL 33126  
City, State & Zip

(786)308-6482  
Daytime Telephone number

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

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

2011 AUG - 2 PM 2: 03  
F. H. H.  
SECRETARY OF STATE  
DIVISION OF CORPORATION

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: EDREY Body Shop Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5303 NW. 7 ST.  
Miami FL 33126  
Unit - L

Mailing address, if different is:  
Same.

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2011 AUG - 2 PM 2:03

**ARTICLE IV SHARES 100**

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: EDREY ACOSTA (President) Name and Title: \_\_\_\_\_  
Address: 5303 NW. 7 ST. Address: \_\_\_\_\_  
Miami FL 33126. \_\_\_\_\_  
Unit - L \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: EDREY ACOSTA Name and Title: \_\_\_\_\_  
Address: 5303 NW. 7 ST. Address: \_\_\_\_\_  
Miami FL 33126 \_\_\_\_\_  
Unit - L \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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


Name: EDREY ACOSTA  
Address: 5303 NW. 7 ST.  
Miami FL 33126

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: EDREY ACOSTA  
Address: 5303 NW. 7 ST.  
Miami FL 33126.

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   
Required Signature/Registered Agent

7-20-11  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

x  Edrey Acosta  
Required Signature/Incorporator

7-20-11  
Date