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| PICK-UP | ☐ WAIT | MAIL | | |
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| Certified Copies | Certificates | of Status | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

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

| SUBJECT: Glamour By Eva, Inc. | | |
|---|-------------------------------------|--|
| (PROPOSED CORPORA | TE NAME – <u>MUST INCI</u> | LUDE SUFFIX) |
| Enclosed are an original and one (1) copy of the arti | cles of incorporation and | d a check for: |
| \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| | ADDITIONAL CO | OPY REQUIRED |
| FROM: <u>Ivelise McLaurin</u> Name | (Printed or typed) | |
| 8700 Maitland Summit Blvd #40 |)1 Address | |
| Orlando, FL 32810 City, | State & Zip | |
| 407-790-0193 Daytime To | elephone number | |
| GlamourByEva@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 INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I The name of the corp | NAME Glamour By Eva, Inc | • | |
|------------------------------------|--|---------------------------------|---------------------------------------|
| ARTICLE II | PRINCIPAL OFFICE | | |
| | Principal street address | Mailing add | ress, if different is: |
| | 00 Maitland Summit Blvd | | |
| | 01 lando, FL 32810 | | |
| | • | | |
| The purpose for wh | | | |
| Health, Beauty | ich the sorporation is organized is: | | FEST S. TI |
| | | | EST CO |
| | • | | TALLAND SEE, FLORIG |
| | | | Ship II |
| | | | Well a |
| The number of share | SHARES 100 | | 1000 |
| The number of share | s of stock is. | | |
| | NITIAL OFFICERS AND/OR DIRECTOR | | V |
| Name and Titl Address: | elvelise McLaurin, President 8700 Maitland Summit Blvd #401 | | · · · · · · · · · · · · · · · · · · · |
| Addiças, | Orlando, FL 32810 | | |
| | | | |
| Name and Titl | e: | Name and Title | |
| Address: | <u> </u> | | |
| | | | |
| | | | |
| Name and Title | e: | Name and Title: | |
| Address: | | A 11 | |
| | | | |
| | | | |
| | REGISTERED AGENT | | |
| The <u>name and Flori</u> Name: | da street address (P.O. Box NOT acceptable) of lvelise McLaurin | f the registered agent is: | |
| Address: | 8700 Maitland Summit Blvd #401 | _ | |
| | Orlando, FL 32810 | _ | |
| ARTICLE VII I | NCORPORATOR | | |
| | ess of the Incorporator is: | | |
| Name: | lvelise McLaurin | _ | |
| Address: | 8700 Maitland Summit Blvd #401 Orlando, FL 32810 | - | |
| Having been named | as registered agent to accept service of proces. | s for the above stated corpora | tion at the place designated in |
| | familiar with and accept the appointment as reg | | |
| | Mclanin | | 9-12-11 |
| | | | |
| | Required Signature/Registered Agent | | Date |
| I submit this docum | ent and affirm that the facts stated herein are | true. I am aware that the fai | lse information submitted in a |
| document to the Dep | affinent of State Constitutes a third degree felon | y as provided for in s.817.155, | F.S. |
| | MUJaur) | | 9-12-11. |
| - (-/ | Required Signature/Incorporator | | Date |