

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

369931

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000264338 3)))



H110002643383ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

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

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

Email Address: \_\_\_\_\_

2011 NOV -4 AM 10:25  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
INCREDIBROW BY KARI ELLEN, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED  
11 NOV -4 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H 11000264338

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S., (Profit)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2011 NOV -4 AM 10:25

ARTICLE I NAME

The name of the corporation shall be:

INCREDIBROW BY KARI ELLEN, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1816 WATER RIDGE DRIVE  
WESTON, FL 33326

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
ANY AND ALL LEGAL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KARI SLANSKY, PRESIDENT

Address: 1816 WATER RIDGE DRIVE  
WESTON, FL 33326

Name and Title: JESSICA SABATH, SECRETARY/TREASURER

Address: 1816 WATER RIDGE DRIVE  
WESTON, FL 33326

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: JESSICA SABATH

Address: 1816 WATER RIDGE DRIVE  
WESTON, FL 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JESSICA SABATH

Address: 1816 WATER RIDGE DRIVE  
WESTON, FL 33326

\*\*\*\*\*  
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.

Required Signature/Registered Agent

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.

Required Signature/Incorporator

Date

H11000264338