P12000027/4/

| (Re | equestor's Name) | |
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| | | |
| (Ad | Idress) | <u> </u> |
| | | |
| | Idress) | |
| (Au | uiess) | |
| | | |
| (Cit | ty/State/Zip/Phone | e #) |
| | _ | |
| PICK-UP | WAIT | MAIL |
| | | |
| (Ru | siness Entity Nan | ne) |
| (Du | Siness Ellity Ivali | ne) |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | _ Certificates | of Status |
| | | |
| <u>,</u> | | |
| Special Instructions to | Filing Officer: | |
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12 NAR 19 PM 1:

COVER LETTER

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

| SUBJECT: Peace of Happiness Inc | | | | |
|---|---|--|--|--|
| (PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>) | | | | |
| Enclosed are an original and one (1) copy of the artic | eles of incorporation and a check for: | | | |
| \$70.00 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy & Certificate of Status | | | |
| | ADDITIONAL COPY REQUIRED | | | |
| FROM: <mark>Julie Harte Gluckman</mark> Name | (Printed or typed) | | | |
| 9156D SW 23rd Street | | | | |
| Address | | | | |
| Davie, FL 33324 | State & Zip | | | |
| 305 -898-2525 Daytime Te | elephone number | | | |
| apeaceofhappiness@hot E-mail address: (to be used | mail.com 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)

| ARTICLE I No. | Peace of Happiness Inc | | | FILED |
|--|---|--|-----------------------------|--|
| ARTICLE II P | RINCIPAL OFFICE | | 12 | MAR 19 PM 1: 16 |
| | Principal street address | | ing addres | s, if different is: |
| 919 | 56D SW 23rd Street | | <u> </u> | THE LEY OF STAIL |
| Day | vie, FL 33324 | | 1.81. | ARANSAF, FLOREIA |
| | | | * | |
| ARTICLE III PU | | | | |
| the purpose for white | ch the corporation is organized is: | | | |
| | | | | |
| | | | | |
| | | | | |
| ARTICLE IV S | HADEG | | | |
| The number of shares | | | | |
| | | _ | | |
| | <u>VITIAL OFFICERS AND/OR DIRECTOR:</u> ∷Julie Harte Gluckman | | | |
| Address: | 9156D SW 23rd Street | Address: | | |
| | Davie, FL 33324 | | | |
| | | | | |
| Name and Title | : | Name and Title: | | |
| Address: | | | | |
| | | | | |
| | | . <u> </u> | | |
| Name and Title | · | Name and Title: | | |
| Address: | | Address: | | |
| | | | | · |
| | | · | | |
| ARTICLE VI R | EGISTERED AGENT | | | |
| | a street address (P.O. Box NOT acceptable) of | the registered agent is: | | |
| Name: | David Gluckman | | | |
| Address: | 9156D SW 23rd Street Davie FL 33324 | | | |
| | Davie, I Cadaza | | | |
| | VCORPORATOR | | | |
| The <u>name and addre</u> Name: | ss of the Incorporator is: | | | |
| Address: | David Gluckman 9156D Sw 23rd Street | | | |
| | Davie, FL 33324 | | | |
| Having been named | | C 4E E 4 4 | | |
| this certificate. I am f | as registered agent to accept service of process amiliar with and accept the appointment as regis | Jor ine above sialed (stered agent and avres | corporatio e to act in s | n at the place designated in this canacity |
| 7 | P() | nereu ugem unu ugret | . 10 (101 111) | ms capacity |
| 1) and 1 | aller | | 3 | 3/13/2012 |
| | Required Signature/Registered Agent | | = | Date |
| I ambania abi- | T | · | | ****************************** |
| 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. | | | | |
| The second of the second | of place equivalences a mind degree Jelony | ш ргониси јег иг 5.0. | ことにきょうり だい | <i>.</i> |
| 1) and | lower | | | 3/13/2012 |
| | Required Skinature/Incorporator | | | Date |