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Florida Department of State
Division of Corporations
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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: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
OBLI BEAUTY, INC.**

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 30

H12000140900

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:
OBLI BEAUTY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2630 N.E. 203RD STREET, SUITE 104
AVENTURA, FL 33180

Mailing address, if different is:

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: SAMIR DICHY/PRESIDENT
Address: 3500 ISLAND BLVD., SUITE 105
AVENTURA, FL 33160

Name and Title: SHRAGA BRIEMAN/VICE PRESIDENT-TREASURER
Address: 19601 E. COUNTRY CLUB DRIVE, SUITE 507
AVENTURA, FL 33180

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: SAMIR DICHY
Address: 3500 ISLAND BLVD., SUITE 105
AVENTURA, FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SAMIR DICHY
Address: 3500 ISLAND BLVD., SUITE 105
AVENTURA, FL 33160

Having been named as registered agent to accept service of process for the above stated corporation in the place designated in this certificate, I am willing to accept the appointment as registered agent and agree to act in this capacity.

Required Signature/Registered Agent

05/23/12
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

05/23/12
Date

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TALLAHASSEE, FLORIDA

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