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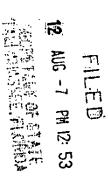
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

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

SUBJECT:	BEAUTY PRO,CORP				
Enclosed are an orig	(PROPOSED CORPORA) ginal and one (1) copy of the artic				
\$70.00 · Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status		
FROM:		IAUREAUX (Printed or typed)			
	9240 SW 40 TERRA Address				
MIAMI, FLORIDA 33165 City, State & Zip					
(786) 370-9527 Daytime Telephone number					
fertani06@yahoo.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 INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME	EAUTY PRO, CORP	FILED	
The name of the corporation shall be:	·	12 AUG -7 PM	12: 53
ARTICLE II PRINCIPAL OFFI			- -
Principal street		Mailing address, if differ	entis:
9240 SW 40 T		TE Me La partitate de la come de	NATURAL SAL
MIAMI, FLORID	A. 33165		
			
ARTICLE III PURPOSE			
The purpose for which the corporation is	organized is: SELL PRODUCTS FOR	BEAUTY	
ARTICLE IV SHARES The number of shares of stock is: 200		•	
	S AND/OR DIRECTORS	Lent 1	
Name and Title: YAIMA		me and Title:	
	W 40 TERRA Ad	dress:	
MIAMI, F	LORIDA, 33165		
Name and Title:	Na	me and Title:	
	Ad		
 			
Name and Title:	Na	me and Title:	
	Ad		
ARTICLE VI REGISTERED AG			
The name and Florida street address (P.		egistered agent is:	
	THAUREAUX		
	SW 40 TERRA		
MIAMI,_ F	LORIDA, 33165		
ADDICE DUIL INCORPORATION			
ARTICLE VII INCORPORATOR	. •=.		
The <u>name and address</u> of the Incorporator			
	THAUREAUX		
	W 40 TERRA		
— <u>MIXIMIT 4</u> 1	ORIDA, 33165		
Having been named as registered agent	to accent service of process for	he above stated cornoration at the n	laca dasianatad in
this certificate, I am familiar with and acc	apt the appointment as registere	d agent and agree to act in this capac	ity
Required Sign	ture/Registered Agent		Date
7	71 /.		
I submit this document and affirm that	he facts stated herein are true.	I am aware that the false informati	on submitted in a
document to the Department of State cons	titules a third degree felony as p	rovided for in s.817.155, F.S.	
Dequired Cin	trajure/Incorporator		Data
vedanca Sig	uaguic/ nicorporator		Date