

/14/12

Division of Corporations  
Florida Department of State  
Division of Corporations  
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To:

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

RECEIVED AUG 14 2012

From:

Account Name : KRISJOENNA SERVICES, INC.  
Account Number : I20080000033  
Phone : (305) 644-3055  
Fax Number : (305) 644-3052

**\*\*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**  
**MALU Cosmetic Service II, Corp.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG 14 AM 10:47

*Ps [Signature]*

12 AUG 14 AM 10:47

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: **MALU Cosmetic Service II, Corp.**

**ARTICLE II PRINCIPAL OFFICE**

Principal Address and Mailing Address:

**9734 NW 27<sup>th</sup> Terrace  
Miami, FL 33172**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Title: **PRESIDENT**  
Name: **MARIA LOURDES CACERES**  
Address: **9734 NW 27<sup>th</sup> Terrace  
Miami, FL 33172**

**ARTICLE VI REGISTERED AGENT**

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

Name: **MARIA LOURDES CACERES**  
Address: **9734 NW 27<sup>th</sup> Terrace  
Miami, FL 33172**

The name and address of the Incorporator is:

Name: **MARIA LOURDES CACERES**  
Address: **9734 NW 27<sup>th</sup> Terrace  
Miami, FL 33172**

*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*

Date: August 10, 2012

Maria L. Caceres

Required Signature/Registered Agent

*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.*

Date: August 10, 2012

Maria L. Caceres

Required Signature/Incorporator