P 3000/3166

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP. WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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13 FEB -7 PM 12: 36

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13 FEB -7 AN 10: 34

FLORIDA DEPARTMENT OF STATEAL Division of Corporations

January 24, 2013

MORAIMA SNIDER 280 COMMODORE DR, APT 1320 PLANTATION, FL 33325

SUBJECT: BEAUTYBYMORY INC. Ref. Number: W13000004457

We have received your document for BEAUTYBYMORY INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 813A00001725

COVER LETTER

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

SUBJECT:	Beautybymory		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate o Status
FROM:	HORAIMA : Nam 180 Comnuodore d		
	Plauta I	Nation Fl. 33, State & Zip	3325.
	moraimalvi:	1452356. Telephone number Salive. Com. Ed 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)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

or me on bolano	n shall be:	Beautybyr	nory Inc	<u> </u>	13 FEB - 7 PM	12: 36
ARTICLE II PRIN	cipal officerincipal street a	ce didress ve Apt 132	/	Mailing addres	s, if different is:	
ARTICLE III PURPO The purpose for which the	OSE ecorporation is 15, ha	organized is: 5	elvices d	of beauty	t; nails,	
ARTICLE IV SHAP The number of shares of st ARTICLE V INITI	AL OFFICER	RS AND/OR DIREC	TORS			
Name and Title:	HORAIMA	SNIDER (Pre	side Tyame and Ti	ile: James	Snider (vice	-Presidente
		ore dr. Apt 132 77, FL 333	20 Address:	280 com	nodore dr. 4 ion, FL. 33.	pt 1320
	lantatio		2 <u>0</u> Address: 3 <u>25</u> .	280 com	modore dr. 14 Tion, FL. 33.	PT 1320

FILED (conti.) SECRETARY OF STATE DIVISION OF CORPORATIONS

Name and Title:	Name and Title:	3 FEB -7 PM 12: 36
Address	Address:	
		
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT accept	otable) of the registered agent is:	
Name: HORAIMA SNIDER	?	
Name: HORAIMA SNIDER Address: 280 commodore dr.		
Plantation, 12. 3332	25	
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the <u>Incorporator</u> is:		
Name: HORAINA SNID	ER.	
Name: HORAINA SNID. Address: 280 commodore de	.Apt 1320	
Plantation, Fl. 33	<u>325</u> .	
Having been named as registered agent to accept service of this certificate, I am familiar with and accept the appointme	f process for the above stated corport nt as registered agent and agree to	oration at the place designated in act in this capacity
(uloraina fuia	ler.	02/04/12
Required Signature/Registered Ag	gent	Date
I submit this document and affirm that the facts stated her document to the Department of State constitutes a third degr	rein are true. I am aware that the ree felony as provided for in s.817.	false information submitted in a 155, F.S.
Willamilla Suid	01	02/04/12