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(Re	equestor's Name)		
. (Ac	dress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	: #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
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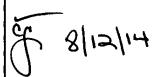
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THE AUG -7 PH 3 20
SECRETARY OF STATE
THE PROPERTY OF STATE



COVER LETTER

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

SUBJECT:	J'adore L'ar	nour Inc.			
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)		
Pastared and an entire	:	:.l	A b d . C		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation an	d a check for:	ז	
\$70.00	\$78.75	\$78.75	\$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
		ADDITIONAL CO	Status		
		ADDITIONAL CO	DPY REQUIRED	i	
				_	
		_			
EDOM	Marie-Louise	2 Subileau			
FROM:	Name	e (Printed or typed)			
	Dan Nicka	a Aria			
	8934 DICKEN	s Ave.	<u> </u>		
		Address			
Surfside, FL 33154 ==					
City, State & Zip					
	(305) 338	-3384			
Daytime Telephone number					
Mgubi0012001.00M					
	E-mail address: (to be use	ed for future annual report	notification)	23	

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)

23

ame of the corp	oration shall be:	L'amour	Inc.	FILEI
icle II p 134 Dic ourfsid	RINCIPAL OFFICE Principal street address Kens Ave. e 1 - 23154		illing address, it	14 AUG -7 P raifferentiistry of fallaisasee, F
ICLE III PO urpose for which	CRPOSE th the corporation is organized is:	and All	Lawf	ul
umber of shares	NITIAL OFFICERS AND/OR DIRECT			
umber of shares	of stock is: JUU VITIAL OFFICERS AND/OR DIRECT itle: Mark Subject And			
umber of shares ICLE V II Name and T Address	of stock is: 100 NITIAL OFFICERS AND/OR DIRECT itle: Mark Subilyau-Pres 9434 Dickens Ave.	Address:		
umber of shares ICLE V I Name and T Address	of stock is: JUU NITIAL OFFICERS AND/OR DIRECT itle: Mark Subjlyam-freg 9434 Dickens Ave. Swifside, FL: 33154	Address: Name and Title: Address: Name and Title: Address:		
Name and Ti Address Name and Ti Address	of stock is: 100 NITIAL OFFICERS AND/OR DIRECT itle: Mark Subilyau-freg 9434-Dickens Ave. Swifside, Fl. 3315A	Address: Name and Title: Address: Address:		

Address	Ad	ddress:
ARTICLE VI The name and FI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the	registered agent is:
Name:	Marke-Injuse Subileau	
Address:	8934 Dickens Ave.	
	SWFSide, PL 33154	
ARTICLE VII	INCORPORATOR	
	dress of the Incorporator is:	
Name:	Marie-Lause Subileau	
Address:	9434 Dickens ANC.	
Addiess.	swifside, FL 33154	
	,	
Having been nan	ned as registered agent to accept service of process for i	the above stated corporation at the place designated in red agent and agree to act in this capacity
,	1 dans de la	7/27/14
	Required Signature/Registered Agent	Date
I submit this doc	ument and affirm that the factof stated) herein are true.	e. I am aware that the false information submitted in a provided for in s.817.155, F.S.
aocument to the I	repartment of state constitutes within degree Jelony as f	7/77/14
	Reguired Signature/Incorporator	Date
/		Sign of the state
		HEOR
		हिंदी है न
		FILED RESERVESS
		ES B G
		14 AUG -7 PM 3. 23 SECTRE FACTOR STATE TALLAMASSEE, FLORIDA
		ω

Name and Title:______ Name and Title:_____