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(Re	equestor's Name)	,		
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COVER LETTER

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

_{SUBJECT:} Azu	ad Fragances Co		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original	inal and one (1) copy of the arti	cles of incorporation and	d a check for:
□ \$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 of Status PPY REQUIRED
FROM: A	driana Azuad	(Printed or typed)	
81	57 NW 60 Stree	et	
M	iami, FL, 3316	Address	
	City,	State & Zip	
<u>(3</u>	05)5923352		
	Daytime 1	elephone number	

NOTE: Please provide the original and one copy of the articles.

marazud05@hotmail.com

E-mail address: (to be used for future annual report notification)

FERNANDO J GALINDEZ 11551 NW Lakeside Drive, Doral FL 33178

August 11, 2014

Mrs Jessica A Fason Regulatiry Spacialist II Florida Department of State Division of Corporations Tallahasse, FL 32314

Subject: Letter # 014A00016587 AZUAD FRAGANCES CORP.

Dear Mrs Fason:

Thanks you for your letter dated August 4, 2014. Indeed it was a misspelling in the name, which is as above "Azuad Fragances Corp", with the French spelling. Attached please find a copy of your kind letter and the Incorporation document duly signed by the Registered Agent and the Incorporator.

Sincerely.

Fernardo J Galindez Registered Agent



August 4, 2014

ADRIANA AZUAD 8157 NW 60 ST MIAMI, FL 33166

SUBJECT: AZAUD FRANGANCES CORP.

Ref. Number: W14000047427

We have received your document for AZAUD FRANGANCES CORP. 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 contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

It appears that the word FRANGANCES in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled FRANGANCES. If you did not misspell this word intentionally, please correct the spelling to read FRAGRANCES and resubmit the document for processing.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 014A00016587

COVER LETTER

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

SUBJECT: AZU	rad Fragances C	Orp ate name – <u>must incl</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$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 of Status PPY REQUIRED
FROM: A	driana Azuad		
	Nam	e (Printed or typed)	
8	157 NW 60 Stree	et	
		Address	
M	iami, FL, 3316		
	City	, State & Zip	
<u>(3</u>	05)5923352		
	Daytime 1	Celephone number	

NOTE: Please provide the original and one copy of the articles.

marazud05@hotmail.com

E-mail address: (to be used for future annual report notification)

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

<i>ticle ii - pr</i> 57 NW 60	NINCIPAL OFFICE Principal street address th Street		Mailing address, if different is:
iami, FL , 3	3166		
TICLE III PU	RPOSE the corporation is organized is:	Production,	sale, resale and
	nationally or international		
· •	ersonal care products, a	<u> </u>	
	rvices of the fashion wo		rporation may
so perform	any other lawfull activit	y	<u></u>
TICLE IV SH number of shares o	ARES 1000		
number of shares of the state o	of stock is: 1000 ITIAL OFFICERS AND/OR DIRECT Ite: Adriana Azuad Presid	ent Name and Title	_{e:} Adriana Azuad CEC 8157 NW 60 Street
number of shares of	itial officers and/or direct le: Adriana Azuad Presiders 8157 NW 60 Street	YORS Eni Name and Title	8157 NW 60 Street
number of shares of the state o	of stock is: 1000 ITIAL OFFICERS AND/OR DIRECT Ite: Adriana Azuad Presid	ent Name and Title	8157 NW 60 Street Miami, FL, 33166
number of shares of the state o	itial officers and/or direct le: Adriana Azuad Presiders 8157 NW 60 Street	ent Name and Title	8157 NW 60 Street Miami, FL, 33166
number of shares of TICLE V IN Name and Tit Address	itial officers and/or direct le: Adriana Azuad Presiders 8157 NW 60 Street	eni Name and Title Address:	8157 NW 60 Street Miami, FL, 33166
number of shares of TICLE V IN Name and Tit Address	itial officers and/or direct le: Adriana Azuad Preside 8157 NW 60 Street Miami, FL, 33166	Name and Title Address: Name and Title	8157 NW 60 Street Miami, FL, 33166
number of shares of TICLE V IN Name and Tite Address Name and Tite Name	TIAL OFFICERS AND/OR DIRECT le: Adriana Azuad Preside 8157 NW 60 Street Miami, FL, 33166	Name and Title Address: Name and Title	8157 NW 60 Street Miami, FL, 33166
number of shares of TICLE V IN Name and Tite Address Name and Tite Name	itial officers and/or direct le: Adriana Azuad Preside 8157 NW 60 Street Miami, FL, 33166	Name and Title Address: Name and Title	8157 NW 60 Street Miami, FL, 33166
number of shares of TICLE V IN Name and Tite Address Name and Tite Address	itial officers and/or direct le: Adriana Azuad Preside 8157 NW 60 Street Miami, FL, 33166	Address: Name and Title Address: Address: Address:	8157 NW 60 Street Miami, FL, 33166
number of shares of TICLE V IN Name and Tite Address Name and Tite Name	itial officers and/or direct le: Adriana Azuad Preside 8157 NW 60 Street Miami, FL, 33166	Name and Title Address: Name and Title	8157 NW 60 Stree Miami, FL, 33166

Name and	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and FI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) or	the registered agent is:	
Name:	Fernando J Galindez		
Address:	11551 NW Lakeside Dr.		
	Doral, FL 33178	•	
ARTICLE VII The name and ad Name: Address:	INCORPORATOR Idress of the Incorporator is: Fernando J Galindez 11551 NW Lakeside Dr. Doral, FL, 33178		
	ned as registered agent to accept service of process um familiar with and accept the appointment as reg Required Signature/Registered Agent		
I submit this document to the L	ument and affirm that the facts stated herein are Department of State constitutes a shird degree selon	true. I am aware that the fals y as provided for in s.817.155,	e information submitted in a
	b w / m		08/12/2014
	Required Signature/Incorporator		Date
	•		

The Care of the Ca