

11/15/2008 08:07

# 89 .00 /0

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H16000001462 3)))



H160000014623ABCU

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

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

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*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  
PINEIRO BEAUTY ENTERPRISES INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

16 JAN -4 AM 11:02

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JAN -4 PM 4:41

MD 1/5

11/15/2033 06:47

Jan. 4. 2016 3:58PM

#3289 P.002/003

No. 9091 P. 2

H16000001462

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

**ARTICLE I NAME** PINEIRO BEAUTY ENTERPRISES INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
8117 W 36TH AVE APT 6  
HIALEAH, FL 33018

Mailing address, if different is:  
8117 W 36TH AVE APT 6  
HIALEAH, FL 33018

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: MANICURE & PEDICURE

**ARTICLE IV SHARES** 100  
The number of shares of stock is:

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

Name and Title: MAUREEN PINEIRO

Name and Title:

Address: PRESIDENT

Address:

8117 W 36TH AVE APT 6

HIALEAH, FL 33018

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

H16000001462

11/15/2033 06:47

Jan. 4. 2016 3:58PM

#3289 P.003/003

No. 9691 P. 3

H16000001462

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: MAUREEN PINEIRO

Address: 8117 W 36TH AVE APT 6

HIALEAH, FL 33018

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MAUREEN PINEIRO

Address: 8117 W 36TH AVE APT 6

HIALEAH, FL 33018

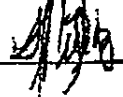
**ARTICLE VIII EFFECTIVE DATE:** 01/04/2016

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

01/04/2016  
\_\_\_\_\_  
Date

*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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

01/04/2016  
\_\_\_\_\_  
Date

H16000001462