

P16000012472

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.

(((H16000030911 3)))



H160000309113ABCV

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

16-5-5 PM 1:50
RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

****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
MARKET OF BEAUTY CORP**

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

02-08-16

H16000030911

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:MARKET OF Beauty corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4105 Ne 22 StHomestead FL 33033**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Marely Gómez. (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Marely Gomez4105 Ne 22 StHomestead FL 33033**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Marely Gomez4105 Ne 22 StHomestead FL 33033CLERK OF STATE
TALLAHASSEE, FLORIDA

16 Feb-5 PM 4:50

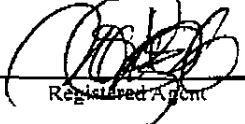
FILED

H16000030911

H16000030011


Required Signatures:

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



Registered Agent 02-05-16
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.



Incorporator 02-05-16
Date

FILED
16 FEB 5 PM 4:50
DEPT. OF STATE
TALLAHASSEE, FLORIDA

H16000030911