03/07/2016 15:45

Florida Department of State

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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Estimated Charge

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: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
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:		SECRE	50 F41	-7 7)
FLORIDA PROFIT/NON PROFIT CORPORATION HONEY OF BEAUTY INC		ION XXX	-7 PH	re a serie
Certificate of Status	0	T GR		n acteatria Laggeratur
Certified Copy	1		2	
Page Count	03			

\$78.75

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

ARTICLE I NAME: The name of the corporation is:			
Honey of Beauty inc			
ARTICLE II PRINCIPAL OFFICE:			
The principal street address and mailing address is:			
11309 SW 6 ST 33174			
<u>-1/10-11/1 - 100</u>			
ARTICLE III SHARES: The number of shares of stock is:			
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:			
L'CENTE E GONZALEZ P.			
AIDA LEON LORENZO V.			
	T _C	%	
	ECRE	5 MAR	EPIT?
	TAN:	7 -7	in Sametra ⊃in Sametra ⊃in
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:	ind⊆ Fo	P MG	
Aida Leon Lorenzo	KOIYO	4:12	ار _{اسوا ش} رکا
11309 SW 6 ST			
Miami FL 33174			
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	•		
Aida Leon Lorenzo			
11309 SW 6 ST			
Minmi FI 22174			

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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

3/7//6 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

SECRETARY I

NY OF SIGN