Ploca	084475			
(Requestor's Name) (Address) (Address)	900290990189			
(City/State/Zip/Phone #)	900290390189 10/18/16-01006-604 **70.00			
Certified Copies Certificates of Status	DEPARTACE 16 OCT 18			
Office Use Only 곳중녀니	C. GOLDEN OCT 2 0 2016			

	ACCESS, INC.		236 East 6th Avenue. Tallahassee, Florida 32303 x 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666				
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	Zue Inc						
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2016

CORPORATE ACCESS, INC.

carected

SUBJECT: ZUE INC Ref. Number: W16000070957

We have received your document for ZUE INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 016A00022400

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www.sunbiz.org

	ARTICLES OF IN			FILED		
ARTICLE I NAME	In compliance with Chapter 607 an	d/or Chapter 621, F	.S. (Profit)	16	CCT 19	31 9 1(
The name of the corporat	Zue Beauty Inc		·· · · · · · · · · · · · · · · · · · ·		· · ·	
	<u>IPAL OFFICE</u> Principal <u>street</u> address	I	Mailing address	s, if dif	ferent is:	•
515 E Las Olas Bouleva	ard Suite 120		·			
Fort Lauderdale, FL 33.	301					
ARTICLE III PURPO The purpose for which the snacks, and other goods	he corporation is organized is:	and distribution of c	cosmetics, supp	olemen	its,	
						
		·				
				_		
	stock is:		Pruce Alvert	Vice P	Precident	
	Gabriel Maya, Director 515 E. Las Olas Boulevard, Suite 120	Name and Title:	Bruce Akers, Vice President 59 Meadowood Dr.			
Address	Fort Lauderdale, FL 33301	_ Address: _	Larkspur, CA 94939			
		_				
Name and Title:	Alexandra Villamizar, President	Name and Title:	Alexandra Vi	dra Villamizar, Treasurer		
Address	1114 Vizcaya Lakes Rd., Apt. 302	Address:		iya Lakes Rd., Apt. 302		
	Ococe, FL 34761		Ocoee, FL 34	761	<u> </u>	
Name and Title	Bruce Akers, Secretary	-			. <u>.</u>	
Name and Title: Address	59 Meadowood Dr.	Name and Title:				
AUUCSS	Larkspur, CA 94939	Address:				<u></u>

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Name and Title:		Name and Title:				
Address		Address:				
	REGISTERED AGENT Iorida street address (P.O. Box NOT acceptable) of	the registered agent is:				
Name:	REGISTERED AGENTS INC.					
Address:	3030 N. Rocky Point Dr., STE 150A	N .	16			
	Tampa, FL 33607		3 7			
ARTICLE VII	INCORPORATOR					
	INCORPORATOR					
The <u>name and a</u>	ddress of the Incorporator is:		о - <u>-</u>			

ARTICLE VIII EFFECTIVE DATE:

. . .

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

Bill Havre/Assistant Secetary/Registered Agents Inc.
10/17/2016
Required Signature/Registered Agent

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

10/17/2016

Date