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## FLORIDA PROFIT/NON PROFIT CORPORATION

Miss Lifestyler, Inc.

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## COVER LETTER

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

SUBJECT: MISS L	IFESTYLER, INC.			
SUDVECT.	(PROPOSED CORPOR	TE NAME - MUST INCL	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation an	d a check for:	
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fcc, Certified Copy & Certificate of Status	
		ADDITIONAL COPY REQUIRED		
FROM:	VNIFER SAVIANO Nam	e (Printed or typed)		
511	SE 5TH AVENUE, UNIT 2115			
		Address		
FO:	RT LAUDERDALE, FL 33301		_	
	City	State & Zip		
954	895-3551			
<del></del>	Daytime 1	elephone number		
JEN	@MISSLIFESTYLER.COM	<u> </u>		
	E-mail address: (to be use	d for future annual report	notification)	

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

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

ARTICLE I NAM The name of the corpo	VCIPAL OFFICE Principal <u>street</u> address	Malling add	ess, if different is:
SII SE 5TH AVENU	E, UNIT 2115	telatituit addit	ess, it directable is:
FORT LAUDERDAI	E, FL 3330)		
		· · · · · · · · · · · · · · · · · · ·	
ARTICLE III PUR.	POSE 1 the corporation is organized is:	IAL AND RECOGNIZED BUS	INESS
RTICLE IV SHA	RES of stock is: /6 ©  IAL OFFICERS AND/OR DIRECTORS		17. HH -3
RTICLE IV SHA	RES of stock is: /6 ©  IAL OFFICERS AND/OR DIRECTORS TENNIEDE SAVIANO		42. ω 43. <b>Ξ</b>
RTICLE IV SHA ne number of shares of RTICLE V INIT	RES OF Stock is: /6 @  IAL OFFICERS AND/OR DIRECTORS IS: JENNIFER SAVIANO	Name and Title:	
IRTICLE IV SHA The number of shares of IRTICLE V INIT Name and Ti Address	IAL OFFICERS AND/OR DIRECTORS ISE STH AVENUE, UNIT 2115	Name and Title:Address:	3 <b>18 3: 46</b> SPECIALE SPECIALE
RTICLE IV SHA ne number of shares of RTICLE V INIT Name and Ti Address	IAL OFFICERS AND/OR DIRECTORS ISE: JENNIFER SAVIANO 511 SE 5TH AVENUE, UNIT 2115 FORT LAUDERDALE, FL 33301	Name and Title:	3 <b>18 3: 46</b> SPECIALE SPECIALE
ine number of shares of article v init  Name and Ti  Address  Name and Title	IAL OFFICERS AND/OR DIRECTORS ISE: JENNIFER SAVIANO 511 SE 5TH AVENUE, UNIT 2115 FORT LAUDERDALE, FL 33301	Name and Title:	3 <b>18 3: 46</b> SPECIALE SPECIALE
IRTICLE IV SHA The number of shares of IRTICLE V INIT Name and Tit Address  Name and Titl Address	IAL OFFICERS AND/OR DIRECTORS ISE: JENNIFER SAVIANO 511 SE 5TH AVENUE, UNIT 2115 FORT LAUDERDALE, FL 33301	Name and Title:  Address:  Name and Title:  Address:	SECTION OF LOCAL SECTION OF LANGE
IRTICLE IV SHA The number of shares of IRTICLE V INIT Name and Tit Address  Name and Titl Address	AL OFFICERS AND/OR DIRECTORS ILIE: JENNIFER SAVIANO 511 SE 5TH AVENUE, UNIT 2115 FORT LAUDERDALE, FL 33301	Name and Title:  Address:  Name and Title:  Address:	SECTION OF LOCAL SECTION OF LANGE

Name and Title:		Name and Title:				
Addres	35	Address:				
	REGISTERED AGENT	N 841				
	Florido street address (P.O. Box NOT acceptable JENNIFER SAVIANO	s) of the registered agent is:				
Name:	511 SE 5TH AVENUE, UNIT 2115	<del></del>				
Address:	FORT LAUDERDALE, FL 33301					
		<del></del>				
ARTICLE VII	INCORPORATOR					
The name and :	address of the Incorporator is:					
Name:	JENNIPER SAVIANO					
Address:	511 SE 5TH AVENUE, UNIT 2115	_				
	FORT LAUDERDALE, FL 33301	<del></del>				
ARTICLE VIII Effective date, i	EFFECTIVE DATE: fother than the date of filing:	(OPTIONAL)				
(If an effective filing.)	date is listed, the date must be specific and car	nnot be more than five days prior or 90 days after the				
Note: If the dat	te inserted in this block does not meet the applica effective date on the Department of State's record	ble statutory filing requirements, this date will not be listed as				
Having been na this certificate, I	med as registered agent to accept service of prod up familian with and accept the appointment as	cess for the above stated corporation at the place designated in registered agent and agree to act in this capacity				
	Umyn Sauceno	6/27/17				
/	Required Signature/Registered Agent	Date				
I submit this do document to fee	cument and affirm that the facts stated herein to Department of State constitutes a third degree fo	ire true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.				
/ h	miles Varmano	6/27/17				
Sequ	ired Signature/Incorporator	Date				

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June 30, 2017

FILINGS, INC.\

FLORIDA DEPARTMENT OF STATE Division of Corporations

SUBJECT: MISS LIFESTYLER, INC.

REF: W17000054558

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

FAX Aud. #: H17000172445 Letter Number: 017A00013351