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.

(((H170001894363)))



H170001894363ABC6

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 BE POSH, INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

JUL 20 2017

ARTICLES OF INCORPORATION 17000189436 In compliance with Chapter 607 (Profit)

ARTICLE I	NAME: The name of the corpo	ration:	is:
-----------	-----------------------------	---------	-----

Be POSH inc	!	
ARTICLE IL PRINCU	PAL OFFIC	E:
The principal street address and	d mailing add	lress is:
7911 NW 168th +errac		
Miami lakts, FL 330	1 .	
ARTICLE III SHARES: The number of share	res of stock is	100
ARTICLE IV INITIAL DIRECTO	RS AND/O	R OFFICERS:
Maria Camila Mesa s	201	PEESIDEATT.
Mma Johana Rojas 5	07.	(VP)
	<u>:</u>	
		C.
	1	
	:	
ARTICLE V INITIAL REGISTERED AG	ENT AND	TREET ADDRESS:
The name and Florida street address (PO Box not	acceptable)	f the registered agent is:
7911 NW 168 terrace		
Miami Janys, FL 3301	0	
Maria Camila	Mes	P
ARTICLE VI INCORPORATOR: The name	e and addres	s of the Incorporator is:
7911 NW 168 terrace		
Miami Jakes, FL 33016		
Maria camila	$ \frac{1}{2}$	esa_
<u> </u>	1	

H17000109436

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 at registered agent and agree to act in this capacity

7/17/17 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 proyided for in s.817.155, F.S.

Registered Agent

7/17/17 Date