

P18000009067

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.

((H180000325873))



H180000325873ABC1

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 : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FILED
18 JAN 26 PM 3:11
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
MS PERFUME, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

N. SAMS
JAN 29 2018

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAME

The name of the corporation shall be: MS PERFUME, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
2780 N.E. 183rd STREET APT 607

MIAMI FL. 33160

Mailing address, if different is:

2780 N.E. 183rd STREET APT 607

MIAMI FL. 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LEGAL BUSINESS / ACTIVITY PERMITTED IN THE
STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 100 (ONE HUNDRED)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BARBARA R. MENDES (President)

Address: 2780 N.E. 183rd STREET APT 607
MIAMI FL. 33160

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
18 JAN 26 PM 3:11
CLERK OF CIRCUIT COURT
MIAMI-DADE COUNTY, FLORIDA

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DIOGENES RUIZ DIAZ
 Address: 2780 N.E. 183rd STREET APT. 607
MIAMI FL. 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BARBARA R. MENDES
 Address: 2780 N.E. 183rd STREET APT 607
MIAMI FL. 33160

FILED
 18 JAN 26 PM 3:14
 TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/25/2018 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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:

 Required Signature/Registered Agent
 01/25/2018
 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.

Barbara R. Mendes
 Required Signature/Incorporator
 01/25/2018
 Date