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Tc:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845) 425-0077 Fax Number : (845)818-3588

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: raservices@vcorpservices.zendesk.com

FLORIDA PROFIT/NON PROFIT CORPORATION Zero Brands Inc.

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ARTICLES OF INCORPORATION

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

<u>(RTICLE II PRIM</u>	<u>VCIPAL OFFICE</u>			
	Principal street address		Mailing address, if different is:	
1880 Century Park Ea	ıst #200			
Los Angeles, CA 900	67			
IRTICLE III PURI The purpose for which	POSE the corporation is organized is: Marketing	g & Sales of persona	al care cosmetics	
		10.00		- <u>S</u>
RTICLE IV SHA				۲۱,
RTICLE IV SHAP the number of shares of				۶۰ تر ز ر
he number of shares of	of stock is:			
he number of shares of	MAL OFFICERS AND/OR DIRECTORS	Name and Title	Otto Muller, Secretary	
he number of shares of RTICLE V INITA	MAL OFFICERS AND/OR DIRECTORS	Name and Title	Otto Muller, Secretary 1880 Century Park East #200	
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Name a	nd Title:	Name and Title:	
Addres	ss	Address:	
ARTICLE VI	REGISTERED AGENT		
	Itorida street address (P.O. Box NOT acceptat	le) of the registered agent is:	
Name ⁻	Veorp Services, LLC		
Address:	5011 South State Road 7, Suite 106		
	Davie, FL 33314	· つ	
<u>ARTICLE VII</u>	INCORPORATOR	·	`
The name and a	iddress of the Incorporator is	•	
Name:	William Zayac		
Address:	25 Robert Pitt Drive, Suite 204		٠.,
	Monsey, NY 10952		
Effective date, it	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and c		
	e inserted in this block does not meet the applic effective date on the Department of State's reco	able statutory filing requirements, this date will not be listerds.	થ્યો ઘડ -
this certificate, I	am familiar with and accept the appointment of	ocess for the above stated corporation at the place designo is registered agent and agree to act in this capacity	sted in
1h	in with	11/13/2020	
	Required Signature/Registered Agent	Date	
I submit this do document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am aware that the false information submitte felony as provided for in s.817.155, F.S.	ed in a
		11/13/2020	
Requ	ired Signature/Incorporator	Date	—