## Division of Corporations Electronic Filing Cover Sheet

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(((H20000408756 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: ARIMIR SERVICES GROUP LLC Account Name

Account Number : I20200000022

Phone

: (305)420-5722

Fax Number

: (305)643-5225

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

## FLORIDA PROFIT/NON PROFIT CORPORATION SMART BUY BEAUTY SUPPLY CORP

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

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## H2000040875b

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

TICLE II PRI	NCIPAL OFFICE			
Principal street ac			Mailing address,	if different is:
1212 S DIXIE	HWY			
KE WORTH, FL				
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ICLE III PUR	POSE			
purpose for which	the corporation is organized is: AN	Y AND ALL LAWFUL	BUSINESS	<u>8</u>
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number of shares o	f stock is: 1,000  AL OFFICERS AND/OR DIRECTOR			·
number of shares o	f stock is: 1,000  AL OFFICERS AND/OR DIRECTOR.  le: Cesar Pichardo - President	Name and Title:		
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Number of shares of the CLE V INITE  Name and Tit  Address	f stock is: 1,000  AL OFFICERS AND/OR DIRECTOR.  le: Cesar Pichardo - President  1212 S DIXIE HWY	Name and Title: Address:		
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Name and Title  Address  Name and Title  Address	f stock is: 1,000  AL OFFICERS AND/OR DIRECTOR.  Ie: Cesar Pichardo - President  -1212 S DIXIE HWY  LAKE WORTH, FL 33460	Name and Title: Address:  Name and Title: Address:		

P. 003

Name	and this	Name and the	<del></del>
Addre	ss	Address:	·
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	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	Cesar Pichardo		N
Address:	1212 S DIXIE HWY		00 KGV
	LAKE WORTH, FL 334460		\$ . \$
ARTICLE VII	INCORPORATOR		<b>3</b> ;
The name and a	address of the Incorporator is:		∯ 5 .
Name:	Cesar Pichardo		er;
Address;	1212 S DIXIE HWY		
	LAKE WORTH, FL 33460	<del>_</del> _	
Effective date, if	EFFECTIVE DATE:  f other than the date of filing:  date is listed, the date must be specific and o	. (OPTIONAL)	
Note: If the date	e inserted in this block does not meet the applie		s, this date will not be listed as
Having been nam certificate, I am f	ned as registered agent to accept service of proc familiar with and accept the appointment as rej	ress for the above stated corporatio gistered agent and agree to act in t	n at the place designated in this his capacity
	(len fwl)		<u>11/30/2020</u>
	Required Signature/Registered Agent	<u></u> _	Date
submit this doc	cument and affirm that the facts stated herein Department of State constitutes a third fleggee j	are true. I am aware that the fa	lse information submitted in a
	(lew km/l)	arany as provinces you are ones (1133)	11/30/2020
Required Signatur	re/Incorporator		e