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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KML MULTISERVICES CORP

Account Number : 120200000044 Phone

: (786)537-3766

Fax Number

: (305)503-7123

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FLORIDA PROFIT/NON PROFIT CORPORATION **Barbie Brow Artist Corp**

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

<u>ARTICLE I NAM</u>	<u>E</u>		
The name of the corpor	ration shall be: <u>BARBIE BROW ARTIS</u>	ST CORP	
ARTICLE II PRIN	Principal <u>street</u> address	Mailing address, if different is:	
6416 NW 102	2 COURT APT 102		
DORAL FL 3			· · · · · · · · · · · · · · · · · · ·
ARTICLE III PURI The purpose for which	POSE the corporation is organized is: ALL	LAWFUL BUISNESS	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2021
			A TE TO
		· · · · · · · · · · · · · · · · · · ·	(2) (A) (A)
ARTICLE IV SHAP The number of shares of	RES of stock is: 100		
			8: 03
	IAL OFFICERS AND/OR DIRECTORS		
Name and Tir	ile: BARBARA VALVERDE (P)	Name and Title:	.
Address	6416 NW 102 COURT APT 102	Address:	
	DORAL FL 33178		
		_	
Mosses and Titl		Storm and Tisker	
	e;		
Address		Address:	
			
Name and Titl	e:	Name and Title:	
Address		Address:	
			
			

H21000083316.3

Name :	and Title:	Name and Title:	
Addre	ess	Address:	
			
			
	<u>REGISTERED AGENT</u>		
The <u>name and</u>	Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	KML MULTISERVICES CORP		
Address:	4167 NW 135 STREET		
11001000	OPA LOCKA, FL 33054		2021
<u>ARTICLE VII</u>	INCORPORATOR		2021 MAR 30
The name and	address of the Incorporator is:		7
Name:	BARBARA VALVERDE		<u>.</u>
Address:	6416 NW 102 COURT APT 102		. 03
	DORAL FL 33178		
Effective date. (If an effective filing.) Note: If the date.	I EFFECTIVE DATE: if other than the date of filing: e date is listed, the date must be specific and ca	innot be more than five days able statutory filing requirement	prior or 90 days after the
	amed as registered agent to accept service of proce in familiar with and accept the appointment as reg		
	Katherine Caicedo		03/25/2021
	Required Signature/Registered Agent		Date
	ocument and affirm that the facts stated herein e Department of State constitutes a third degree for		
	Barbara Valverde	- -	03/25/2021
Required Signa	ature/Incorporator		Date