

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.

((H21000140521 3)))



H210001405213ABCQ

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
 MIAMI BROW DOCTOR CORP.**

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

MIAMI BROW DOCTOR CORP.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

11211 N KENDALL DR. APT 8205

KENDALL DR. MIAMI FL. 33176

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

JESSICA C. RIVERO

11211 N KENDALL DR. APT. 8205

MIAMI FL. 33176

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

JESSICA C. RIVERO

11211 N KENDALL DRIVE APT. 8205

KENDALL DRIVE, MIAMI FL. 33176

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

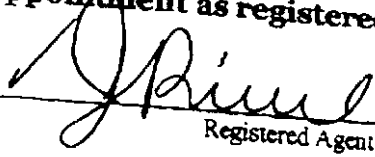
MIAMI BROW DOCTOR CORP.

11211 N KENDALL DRIVE APT. 8205

MIAMI FL. 33176

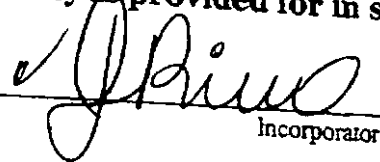
Required Signatures:

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 as registered agent and agree to act in this capacity


Registered Agent

April 7, 21
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.


Incorporator

April 7, 21
Date

STATE OF FLORIDA
DEPARTMENT OF STATE
CORPORATE SERVICES
DIVISION
TALLAHASSEE, FLORIDA 32399-0001
TEL: 904.201.2000
FAX: 904.201.2001
WWW.FLORIDA.GOV