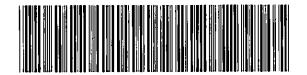
## P21000045366

(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	—
Out to	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer	٦
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## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: PROPOSED CORPORAT	HUU EXPERTING E MANYE - MUST INCLUDE SUFFIX)					
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
□ \$70.00 □ \$78.75  Filing Fee Filing Fee & Certificate of Status	☐ \$78.75 ☐ \$87.50  Filing Fee Filing Fee, & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED					
FROM: Shaqianda Move Name (Printed or typed)  400 capital Civile SE Suite 18181						
400 capital Circle SE suite 18181						
Tallahassee Florida, 32301						
860 - 750 - C	lephone number					
Heebeautyyyexpert@mail.com  E-mail address: (to be used for Juture annual report notification)						
NOTE: Please provide the or	21 MAY 18 PH 2: 43 SECRETARING BY STATE ALLAHAM one copy of the articles SEE, FLORIDA					

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

The name of the corporation shall be: The Deauty	y expert inc
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
400 Coupital circle sé suite 18181	
Tallahassee, Flunda 32301	
The purpose for which the corporation is organized is:	netic purposes such
as hair styling, waxing, m	are up, nails, toes, and
human hair Selling (bund)	les, wigs and lashor)
3	
Tallahassee FL 32301	
Name and Title:	Name and Title:
Address	Address:

Name and Titles	Name and Title:	_ <del>_</del>
Address	Address:	
<del>-</del>		
ARTICLE VI REGISTERED AGENT		
The <u>name and Florida street address</u> (P.O. Bo	ox NOT acceptable) of the registered agent is:	
Name: Shavuar	YCK IVIOXE	
Address: 1021 Idle	wild drive *1130	78 N /
Tall F1 32	3/1	
1011,12,00	<u></u>	Tati - Ti
ARTICLE VII INCORPORATOR		8888
The name and address of the Incorporator is:		
Shana	da More	CS: 3: 4:
Name: Oliginalia	uild drive #1130	<u>&gt;</u>
Address: 10011010	ong arve	
Tallahasse	e, Fi 32311	
ADTICLE VIII EEEECTIVE DATE.	01010001	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	OUI JUST (OPTIONAL)	
(If an effective date is listed, the date must b filing.)	be specific and cannot be more than five days pri	or or 90 days after the
•	ot meet the applicable statutory filing requirements,	this date will not be listed as
the document's effective date on the Department		this date will not be fisted as
	pt service of process for the above stated corporation ppointment as registered agent and agree to act in th	
$\times$ $\times$ $\wedge$	a COO VI/I (AMO)	51141211211
Required Signature/	Registered Agent	Date
I submit this document and affirm that the fa	acts stated herein are true. I am aware that the fal.	se information submitted in a
document to the Department of State constitute	es a third degree felony as provided for in s.817.155,	
/ X \ alxhar	ider IV	5118/2021
Required Signature/Incorporator	Date	e