

P21000095190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

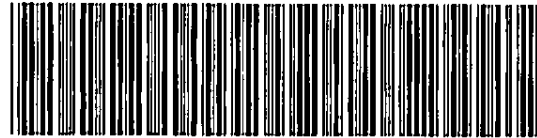
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PH 12:30
2021 JUL 16 PH 12:52
SECRETARY OF STATE
TALLAHASSEE, FL

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

ARTICLE I NAME

The name of the corporation shall be:

MCM BEAUTY ELITE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11843 Cara Field Ave
Riverview FL 33575

11843 Cara Field Ave
Riverview FL 33575

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to help women to improve
their physical Beauty, Also teaching women techniques
on How to take care of their skin and physical
beauty

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Marient Molina Martinez

Name and Title:

President

Address

11843 Cara Field Ave
Riverview FL 33575

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2021 JUL 16 PM 12:52
SECRETARY
TALLAHASSEE

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Marient Molina Martinez
 Address: 11843 Cara Field Ave
Riverview FL 33579

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marient Molina Martinez
 Address: 11843 Cara Field Ave
Riverview FL 33579

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/08/2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

[Signature] _____ 7/8/2021
 Required Signature/Registered Agent 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.

[Signature] _____ 7/8/2021
 Required Signature/Incorporator Date

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 SECRETARY OF STATE
 TALLAHASSEE, FL
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