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Florida Department of State
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**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**
**JUST MAKEUP 2022 INC**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
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| Estimated Charge | $70.00 |

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**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: JUST MAKEUP 2022 INC

***ARTICLE II PRINCIPAL OFFICE***

| Principal street address | Mailing address, if different is: |
|---|---|
| 11616 CANOPY LOOP | 11616 CANOPY LOOP |
| FORT MYERS, FLORIDA 33913 | FORT MYERS, FLORIDA 33913 |

***ARTICLE III PURPOSE***
The purpose for which the corporation is organized is: INTERNET SALES- MANAGE & OPERATE

***ARTICLE IV SHARES***
The number of shares of stock is: 200

***ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS***

| | | | |
|---|---|---|---|
| Name and Title: | MINA TORMENIA, DIRECTOR | Name and Title: | |
| Address | 11616 CANOPY LOOP | Address: | |
| | FORT MYERS, FLORIDA 33913 | | |
| | | | |
| Name and Title: | | Name and Title: | |
| Address | | Address: | |
| | | | |
| | | | |
| Name and Title: | | Name and Title: | |
| Address | | Address: | |
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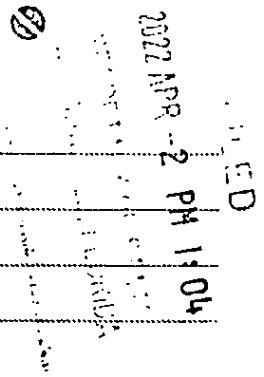

Name and Title: Name and Title:

Address: Address:

***ARTICLE VI REGISTERED AGENT***

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

Name: MINA TORMENIA

Address: 11616 CANOPY LOOP

FORT MYERS, FL 33913

***ARTICLE VII INCORPORATOR***

The **name and address** of the incorporator is:

Name: STEPHAN MONEREAU

Address: 100 WALL STREET STE 503

NEW YORK, NY 10005

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***ARTICLE VIII EFFECTIVE DATE:***

Effective date, if other than the date of filing: (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***

X
Required Signature/Registered Agent

03/24/2022
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.***

Required Signature Incorporator

03/24/2022
Date