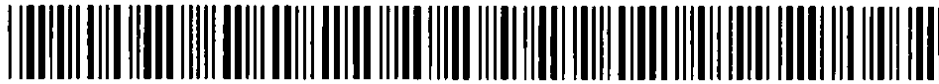


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Florida Department of State
Division of Corporations
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To:

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From:

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S CHATHAM
SEP 22 2023

****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
EVERLY HAPPY INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Everly Happy Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

301 174th Street Apt 407301 174th Street Apt 407Sunny Isles, Florida 33160Sunny Isles, Florida 33160**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Personal Cosmetic Services**ARTICLE IV SHARES**The number of shares of stock is: 200 Shares**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Michele Hofman, President

Name and Title: _____

Address 301 174th Street Apt 407

Address: _____

Sunny Isles, Florida 33160

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2023 SEP 21 AM 8 01

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: Michele Hofman
Address: 301 174th Street Apt 407
Sunny Isles, Florida 33160

2023-09-21 AM 8:01

ARTICLE VII INCORPORATOR

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

Name: Michele Hofman
Address: 301 174th Street Apt 407
Sunny Isles, Florida 33160

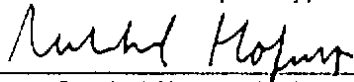
ARTICLE VIII EFFECTIVE DATE:

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

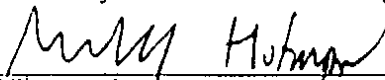


Required Signature: Registered Agent

9/21/23

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

9/21/23

Date