

## Florida Department of State

## Division of Corporations

## Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
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2024 JUL -8 PM 4:26

FLORIDA  
DEPARTMENT OF  
CORPORATIONS  
ELECTRONIC  
FILING  
DIVISION

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**MCA LASHES 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:

MCA LASHES CORP.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1526 SW 116Th AVENUE BLDG 160

PEMBROKE PINES, FLORIDA 33025

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

MARIA CAMILLE ARIAS TORRES

PRESIDENT

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

MARIA CAMILLE ARIAS TORRES

1526 SW 116Th AVENUE BLDG 160

PEMBROKE PINES, FLORIDA 33025

**ARTICLE VI INCORPORATOR:** The name and address of the incorporator is:

MARIA CAMILLE ARIAS TORRES

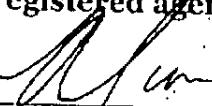
1526 SW 116Th AVENUE BLDG 160

PEMBROKE PINES, FLORIDA 33025

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DIVISION OF CORPORATIONS  
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**Required Signatures:**

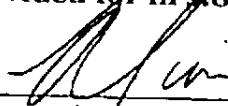
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Registered Agent

6/25/2024

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 §817.155, F.S.

  
\_\_\_\_\_  
Incorporator

6/25/2024

Date