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Account Number : 120220000026 Phone : (305)332-1478

Fax Number : (305)456-4563

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FLORIDA PROFIT/NON PROFIT CORPORATION LUCY BODY SHOP CORP

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COVER LETTER

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

SUBJECT: LU	JCY BODY SHOP CORP		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	lacheck for:
% \$70.00	□ \$78.7 5	□ \$78 .75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing F∞,
	& Certificate of Status	& Certified Copy	
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			Status
		ADDITIONAL CO	PY REQUIRED
		<u> </u>	
FROM:	STEPHANIE	ALEJANDRA PALMA	
	Name	(Printed or typed)	
	9037	W 33RD AVE	
		Address	
		ARDENS, FL 33018	
	City,	State & Zip	
		36-278-1280	
	Daytime T	elephone number	
	PAI MAS	017@OUTLOOK.COM	1
	E-mail address: (to be used		

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I NAME	· · · · · · · · · · · · · · · · · · ·	200				
the name of the corporat	tion shall be: LUCY BODY SHOP CO	JHP				
<u>ARTICLE II PRINC</u>			NA 70° J.J.	te ree		
9037 W 33RD AV	Principal <u>street</u> address	0027	Mailing address W 33BD AV			
	ENS, FL 33018		EAH GARDI			}
ARTICLE III PURPO	DSE					,
	he corporation is organized is: ANY AN	D ALL LAWFUL	BUSINESS	· ····		
				- 11		
			. <u> </u>		- · · · -	
						
·						
					·	
					29	
ARTICLE IV SHAR	<u>ES</u>				AUN 4302	
The number of shares of	stock is:					
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS				22:	٠.
	: STEPHANIE ALEJANDRA PALMA - I	PRESIDENT			- P	7
Address	9037 W 33RD AVE	_		70		1
Address		_ Address:		<u> </u>	9	-
	HIALEAH GARDENS, FL 33018	_		1.4		
		_				
Name and Title:		_ Name and Title	: :			
Address						
11000 035						
		_				
		-				
Name and Title:		Name and Title	: :			
Address						
Varia COS						

		_				

Name an	d Tide:	Name and Title:	
Address	3	Address:	_
			_
	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	STEPHANIE ALEJANDRA PALMA	_	
Address:	9037 W 33RD AVE	_	
	HIALEAH GARDENS, FL 33018	- -	
<u>ARTICLE VII</u>	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	STEPHANIE ALEJANDRA PALMA	-	
Address:	9037 W 33RD AVE	_	
	HIALEAH GARDENS, FL 33018	_	
Effective date, if	EFFECTIVE DATE: other than the date of filing: 11/25/202 date is listed, the date must be specific and cannot	(OPTIONAL) Of be more than five days prior or 90 days after the	۲ لا ،
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed	las
	familiar with and accept the appointment as register	or the above stated corporation at the place designated in red agent and agree to act in this capacity>	Fiĥis
		11/24/2024	
	Required Signature/Registered Agent	Date	
	current and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted y as provided for in s.817,155, F.S.	in a
	80	11/24/2024	
Required Signatu	ure/Incorporator	Date	_