TRANSMITTAL LETTER

P9900056918

(Proposed corporate name - must include suffix)

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

\$70.00 Filing Fee	Filing Fee & Certificate of Status	Species of incorporation and \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM	: Lorna Name (Reid Printed or typed)	· · · · · · · · · · · · · · · · · · ·	:
	9800 N	W 35hSt Address	· · · · · · · · · · · · · · · · · · ·	
	(954) 450	State & Zip 7. State & Zip Telephone number	99 JUN 21 PM 2 SECONETARY OF STALLAHASSEE FLO	

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida
Business Corporation Act, hereby adopts the following Articles of Incorporation.
ARTICLE I NAME
The name of the corporation shall be: 4REAL FACES INC SER 2
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:
9800 NW35thSt Hollywood F1.33024
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100
100
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Lorna Reid 9800 NW 35th St Hollywood Fl. 33024
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
Lorna Reid 9800 NW 35th St Hollywood Fl 33024
Jorna Reid Jone 16, 1999
Signature/Incorporator Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date