

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
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Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii



03-31/2016: Sess 10065

ARTICLES OF INCORPORATION

(Section 414-32, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

I

The name of the corporation shall be:

LEAHLANI SKINCARE, INC.(The name must contain the word *Corporation*, *Incorporated*, or *Limited* or the abbreviation *Corp.*, *Inc.*, or *Ltd.*)

II

The mailing address of the corporation's initial principal office is:

Post Office Box 223896, Princeville, Hawai'i 96722

III

The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

- a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

Leah K. Mason Klasovsky

(Name of Registered Agent)

(State or Country)

- b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

4919 Peipelani Loop #28B, Princeville, Hawai'i 96722

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

1,000,000

I HEREBY CERTIFY that this is a true and correct copy of the official record(s) of the Business Registration Division.



Catherine P. Awa-Coleman
DIRECTOR OF COMMERCE AND
CONSUMER AFFAIRS

Date: **April 5, 2016**

V

The name and address of each incorporator is:

Name

Address

Oliver K. Harwanko Klasovsky

P O Box 223896, Princeville, HI 96722

Leah K. Mason Klasovsky


P O Box 223896, Princeville, HI 96722

I certify that I have read the above statements, I am authorized to sign this Articles of Incorporation, and that the above statements are true and correct to the best of my knowledge and belief.

Signed this 21st day of March, 2016

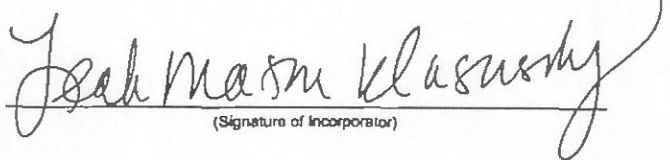
Oliver K. Harwanko Klasovsky

(Type/Print Name of Incorporator)


(Signature of Incorporator)

Leah K. Mason Klasovsky

(Type/Print Name of Incorporator)


(Signature of Incorporator)