

PN000024135

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000072240 3)))



H170000722403ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

17 MAR 15 AM 10:55
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

****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

A Newer Face, Inc.

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

MAR 16 2017

C. SCOTT

RECEIVED
17 MAR 15 PM 4:26
BUREAU OF COMMERCIAL
INFORMATION SERVICES

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: A Newer Face, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

261 West Gardenia Drive

261 West Gardenia Drive

Orange City, FL 32763

Orange City, FL 32763

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To transact any and all lawful activity for which a corporation may be formed.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marianne R. Falasco - Director

Name and Title: _____

Address 261 West Gardenia Drive

Address: _____

Orange City, FL 32763

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

17 MAR 15 AM 10:55
STATE OF FLORIDA
CORPORATION

| | |
|-----------------------|-----------------------|
| 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: Marianne R. Falasco

Address: 261 West Gardenia Drive

Orange City, FL 32763

ARTICLE VII INCORPORATOR

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

Name: Marianne R. Falasco

Address: 261 West Gardenia Drive

Orange City, FL 32763


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

| | |
|--------------------------------------------------------------------------------------------|-------------------|
| <u></u> | <u>03/09/2017</u> |
| Required Signature/Registered Agent | 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.

| | |
|--------------------------------------------------------------------------------------------|-------------------|
| <u></u> | <u>03/09/2017</u> |
| Required Signature/Incorporator | Date |