

PO00000 1944

CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

000003147290--5  
-02/25/00--01030--017  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Florida Cosmetic Care, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2/25

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

RECEIVED  
00 FEB 25 AM 10:42  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

T. SMITH FEB 25 2000

Examiner's Initials

**ARTICLES OF INCORPORATION  
OF  
Florida Cosmetic Care, Inc.**

The undersigned, acting as Incorporator of a Florida corporation under the Florida General Corporation Act, Chapter 607 of the Florida Statutes, hereby adopts the following Articles of Incorporation for such Corporation.

**ARTICLE I**

**NAME**

The name of the Corporation is Florida Cosmetic Care, Inc.

**ARTICLE II**

**PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be: 601 N.W. 30<sup>th</sup> Way, Boca Raton, Florida 33434.

**ARTICLE III**

**CAPITAL STOCK**

The Corporation is authorized to issue 1000 shares of Common Stock with a par value of .001.

**ARTICLE IV**

**INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial Registered Agent is:

Christopher M. David  
1428 Brickell Avenue, Penthouse  
Miami, Florida 33131

FILED  
00 FEB 25 2011 11:29  
FLORENCE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V**

**INCORPORATOR(S)**

The name and address of the person signing these Articles is:

Name

Address

Stuart Rubinstein

6014 N.W. 30<sup>th</sup> Way  
Boca Raton, Florida 33434

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Incorporation  
this \_\_\_\_ day of February, 2000.



Stuart Rubinstein

STATE OF FLORIDA                    )  
  )  
COUNTY OF PALM BEACH        )

BEFORE ME, the undersigned authority, authorized to take acknowledgments in the State and County set forth above, personally appeared Stuart Rubinstein, personally known by me and known to me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this \_\_\_\_ day of February, 2000.

\_\_\_\_\_  
Notary Public


My commission expires:

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the Registered Office/Registered Agent, in the State of Florida.

1. The name of the corporation is: Florida Cosmetic Care, Inc..
2. The name and address of the Registered Agent and office is:

Christopher M. David  
1428 Brickell Avenue, Penthouse  
Miami, Florida 33131

Signature:   
Title: Incorporator  
Date: \_\_\_\_\_

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: \_\_\_\_\_  
Christopher M. David  
Date: \_\_\_\_\_

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

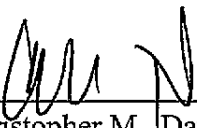
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Signature:  \_\_\_\_\_  
Christopher M. David  
Date: 2-24-00

FILED  
00 FEB 25 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA