

Division of Corporations

**P010000054633****Florida Department of State**

Division of Corporations

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**To:**

Division of Corporations  
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**From:**

Account Name : AFFORDABLE PARALEGAL, FT. LAUDERDALE  
Account Number : I20000000264  
Phone : (954) 565-9929  
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**FLORIDA PROFIT CORPORATION OR P.A.****Skin Care by Cozie, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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B. McKnight JUN 04 2001

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**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:  
Skin Care by Cozie, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:  
4900 SW 19<sup>th</sup> Street  
Hollywood, FL 33023

**ARTICLE III SHARES**

The number of shares that this corporation is authorized to have outstanding at any one time is :  
1000 shares

**ARTICLE IV DIRECTORS**

The number of directors constituting the initial board of directors is one (1), and the name and address of the person or persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and qualified are:

Cozie F. Gissendanner  
4900 SW 19<sup>th</sup> Street  
Hollywood, FL 33023

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent are:

Cozie F. Gissendanner  
4900 SW 19<sup>th</sup> Street  
Hollywood, FL 33023

**ARTICLE VI INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation is:

Cozie F. Gissendanner  
4900 SW 19<sup>th</sup> Street  
Hollywood, FL 33023

  
Signature/Incorporator

6/01/01  
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/Registered Agent

6/01/01  
Date

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