

PO1000076511
TRANSMITTAL LETTER

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

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-08/01/01--01053--016
*****78.75 *****78.75

SUBJECT: NATURELLE SKIN CARE AND NAIL SALON INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: LINDA L. DYKES
Name (Printed or typed)

1003 SILVERLEAF OAK COURT
Address

PALM BEACH GARDENS, FL 33410
City, State & Zip

561-722-5360
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG - 1 PM 12:42

FILED

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

8/8/3

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:
NATURELLE SKIN CARE AND NAIL SALON INC.

ARTICLES II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:
1003 SILVERLEAF OAK COURT
PALM BEACH GARDENS FL 33410

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:
FIVE HUNDRED (500) SHARES OF COMMON STOCK WITH A PAR VALUE OF ONE DOLLAR (\$1.00) PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS:

THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL REGISTERED AGENT IS:

LINDA L. DYKES
1003 SILVERLEAF OAK COURT
PALM BEACH GARDENS FL 33410

ARTICLE V NAME OF INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION ARE:

LINDA L. DYKES
1003 SILVERLEAF OAK COURT
PALM BEACH GARDENS FL 33410



SIGNATURE / INCORPORATOR

7-30-01

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 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

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TALLAHASSEE, FLORIDA

FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS
REGISTERED AGENT.


SIGNATURE / REGISTERED AGENT

7-30-01
DATE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA