

PD 30000039650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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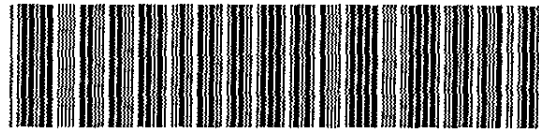
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: COSMEDICAL SKIN CARE INSTITUTE INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MICHELLE HOFF
Name (Printed or typed)

3503 CRYSTAL LANE
Address

DAVIE, FL, 33303
City, State & Zip

954 467-1937
Daytime Telephone number

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

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:

COSMEDICAL SKIN CARE INSTITUTE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3503 CRYSTAL LANE
DAVIE, FL, 33303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE SKIN CARE

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

MICHELLE HOFF PRESIDENT
LOUIS HOFF VICE PRESIDENT
MICHELLE HOFF TREASURER
LOUIS HOFF SECRETARY

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

LOUIS HOFF
3503 CRYSTAL
DAVIE, FL, 33303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHELLE HOFF
3503 CRYSTAL LANE
DAVIE, FL, 33303

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

03 APR -2 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA