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TRANSMITTAL LETTER

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

SUBJECT: A New Face, Incorporated

SUBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an or	iginal and one (1) copy of the artic	eles of incorporation and	l a check for:	
S70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
FROM: _	Marianne Rita Falasco	(Printed or typed)		· · · · · · · · · · · · · · · · · · ·
	261 West Gardenia Drive	Address		
	Orange CIty, Fl 32763 City,	State & Zip	·	•
	(386) 801–1253	elephone number		
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NOTE: Please provide the original and one copy of the articles.

Lange Carol

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 17, 2003

MARIANNE RITA FALASCO 261 WEST GARDENIA DRIVE ORANGE CITY, FL 32763

SUBJECT: A NEW FACE, INCORPORATED Ref. Number: W03000030219

We have received your document for A NEW FACE, INCORPORATED. However, the document has not been filed and is being returned for the following:

The document must state the number of shares of authorized stock.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is M07721.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2004 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 003A00056822

NAME OF TAXABLE PARTY OF THE PARTY OF THE PARTY OF TAXABLE PARTY.

ARTICLES	OF	INCOR	PORA	TION
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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, Incorporated ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

261 West Gardenia Drive Orange City, FL 32763

ARTICLE III

The purpose for which the corporation is organized is:

Provide family health care and facial enhancement services as a Family Certified Advanced Registered Nurse Practitioner and a licensed Esthetician within my scope of pra

ARTICLE IV

The number of shares of stock is:

0ne

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INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

List name(s), address(es) and specific title(s):

Marianne Rita Falasco 261 West Gardenia Drive Orange City, FL 32763

REGISTERED AGENT

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

Marianne Falasco 261 West Gardenia Drive Orange City, FL 32763

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marianne Falasco 💳 261 West Gardenia Drive Orange City, FL 32763

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

Registered Agent

corporator Signature/In