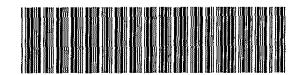
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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FILED

03 OCT 27 AM 8: 16

SCARLARY OF STATE

11-4.03

TRANSMITTAL LETTER

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

SUBJECT: E	coscrub Skin Care Product	crub Skin Care Products, Inc			
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)					
Enclosed are an o	original and one (1) copy of the	e articles of incorporation and	a check for:		
\$70.00	o ☑ \$78.75	□ \$78.75	□ \$87.50		
Filing Fee		Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
		Į.	Status		
		ADDITIONAL CO	ADDITIONAL COPY REQUIRED		
FROM:	Janis Ashley-Markowitz				
		Name (Printed or typed)			
	8899 NW 1st. Street				
Address					
Addicss					
Coral Springs, FL 33071					
City, State & Zip					
	954 796-3363				
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

FILED

The name of the corporation shall be:

03 OCT 27 AM 8: 16

Ecoscrub Skin Care Products, Inc.

OF UNITARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 8899 NW 1st. Street Coral Springs, FL 33071

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Selling health care products

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Janis Ashley-Markowitz, 8899 NW 1st. Street, Coral Springs, FL33071, President

ARTICLE VI REGISTERED AGENT

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

Paul Markowitz 8899 NW 1st. Street, Coral Springs, FL33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Janis Ashley-Markowitz, 8899 NW 1st. Street, Coral Springs, FL33071, President

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

Signature/Incorporator