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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

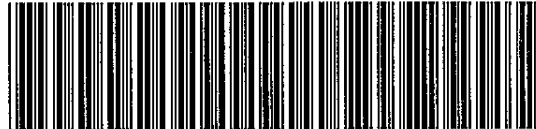
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

3-16-04  
19C

## TRANSMITTAL LETTER

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

**SUBJECT:** FOR MEN ONLY COSMETICS, 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:** MICHELE J. POLETTI

Name (Printed or typed)

P.O. BOX 218

Address

BOYNTON BEACH, FLORIDA 33425

City, State & Zip

561-715-2249

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)

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**ARTICLE I NAME**

The name of the corporation shall be:  
FOR MEN ONLY COSMETICS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
P.O. BOX 218  
BOYNTON BEACH, FLORIDA 33425

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

RETAIL SALES OF COSMETICS

**ARTICLE IV SHARES**

The number of shares of stock is:  
500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

MICHELE J. POLETTI, PRESIDENT - 722 NW 4TH AVE., DELRAY BEACH, FLORIDA 33444

**ARTICLE VI REGISTERED AGENT**

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

MICHELE J. POLETTI - 722 NW 4TH AVE., DELRAY BEACH, FLORIDA 33444


**ARTICLE VII INCORPORATOR**

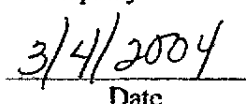
The name and address of the Incorporator is:

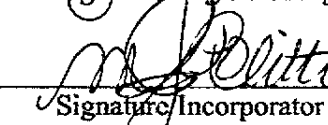
MICHELE J. POLETTI - 722 NW 4TH AVE., DELRAY BEACH, FLORIDA 33444

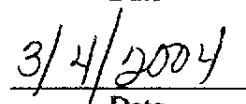
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date