

P04000151150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: CELESTIAL SKIN, 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: TRACY LEE ROBITAILLE

Name (Printed or typed)

225 PRESIDENTS CUP WAY

100
Address

ST AUGUSTINE, FL 32092

City, State & Zip

904-669-2881

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:

CELESTIAL SKIN , INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

225 PRESIDENTS CUP WAY
ST AUGUSTINE, FL 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

, SKIN CARE, BODY WAXING

esthetician

ARTICLE IV SHARES

The number of shares of stock is:

100 NO PAR

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

TRACY LEE ROBITAILLE
225 PRESIDENTS CUP WAY #102
ST AUGUSTINE, FL 32092

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

TRACY LEE ROBITAILLE
225 PRESIDENTS CUP WAY #102
ST AGUSTINE, FL 32092

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TRACY LEE ROBITAILLE
225 PRESIDENTS CUP WAY #102
ST AUGUSTINE, FL 32092

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

Date

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA