

PD5000098985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

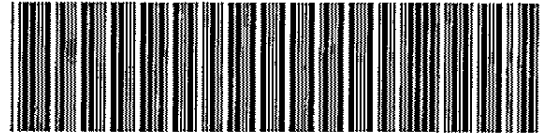
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2005 JUL 14 P 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: APRIL'S AFTER-CARE, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
ADDITIONAL COPY REQUIRED

FROM: LEONARD E. SCHMITT  
Name (Printed or typed)

3800 WHISPERING PINES DRIVE  
Address

PENSACOLA, FL 32504-7543  
City, State & Zip

850-479-1038  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 28, 2005

LEONARD E. SCHMITT  
3800 WHISPERING PINES DR  
PENSACOLA, FL 32504-7543

SUBJECT: APRIL'S AFTER-CARE, INC.  
Ref. Number: W05000031539

We have received your document for APRIL'S AFTER-CARE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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) 245-6933.

Dale White  
Document Specialist  
New Filings Section

Letter Number: 205A00043650

RECEIVED  
05 JUL 14 AM 8:55  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
TALLAHASSEE FLORIDA

# 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: **April's After-Care, Inc.**

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## ARTICLE II      PRINCIPAL OFFICE

The principal place of business/mailling address is: **3800 Whispering Pines Drive,  
Pensacola, FL 32504-7543**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE III      PURPOSE

The purpose for which the corporation is organized is: **Production and sale of  
Body-Piercing and Tattoo after-care products.**

## ARTICLE IV      SHARES

The number of shares of stock is: **1000**

## ARTICLE V      INITIAL OFFICERS AND/OR DIRECTORS

**Leonard E. Schmitt, President, Director  
Letha S. Schmitt, Vice President, Director  
Eric C. Strother, Treasurer  
April M. Schmitt, Secretary**

## ARTICLE VI      REGISTERED AGENT

The name and address of the registered agent is:

**Leonard E. Schmitt  
3800 Whispering Pines Drive  
Pensacola, FL 32504-7543**

## ARTICLE VII      INCORPORATOR

The name and address of the incorporator is:

**Leonard E. Schmitt  
3800 Whispering Pines Drive  
Pensacola, FL 32504-7543**

## ARTICLE VIII      EFFECTIVE DATE OF INCORPORATION

The effective date of incorporation will be: **July 11, 2005**

*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