

P05000162079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

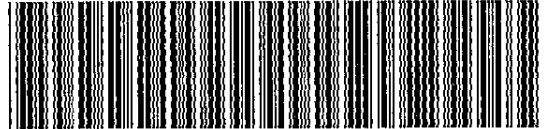
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05 DEC -9 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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05 DEC -9 PM 2:47

DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Burch DEC 13 2005

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*Tropical Follicle Hair  
Removal, Inc.*

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

Art of Inc. File \_\_\_\_\_

LTD Partnership File \_\_\_\_\_

Foreign Corp. File \_\_\_\_\_

L.C. File \_\_\_\_\_

Fictitious Name File \_\_\_\_\_

Trade/Service Mark \_\_\_\_\_

Merger File \_\_\_\_\_

Art. of Amend. File \_\_\_\_\_

RA Resignation \_\_\_\_\_

Dissolution / Withdrawal \_\_\_\_\_

Annual Report / Reinstatement \_\_\_\_\_

Cert. Copy \_\_\_\_\_

Photo Copy \_\_\_\_\_

Certificate of Good Standing \_\_\_\_\_

Certificate of Status \_\_\_\_\_

Certificate of Fictitious Name \_\_\_\_\_

Corp Record Search \_\_\_\_\_

Officer Search \_\_\_\_\_

Fictitious Search \_\_\_\_\_

Fictitious Owner Search \_\_\_\_\_

Vehicle Search \_\_\_\_\_

Driving Record \_\_\_\_\_

UCC 1 or 3 File \_\_\_\_\_

UCC 11 Search \_\_\_\_\_

UCC 11 Retrieval \_\_\_\_\_

Courier \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 12, 2005

CAPITAL CONNECTION, INC.

**RE-SUBMIT**  
PLEASE OBTAIN THE ORIGINAL  
FILE DATE

SUBJECT: TROPICAL FOLLICLE HAIR REMOVAL, INC.  
Ref. Number: W05000054597

We have received your document for TROPICAL FOLLICLE HAIR REMOVAL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

An effective date may be added to the Articles of Incorporation if a 2006 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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) 245-6928.

Tim Burch  
Document Specialist  
New Filing Section

Letter Number: 305A00071451

**RE-SUBMIT**  
PLEASE OBTAIN THE ORIGINAL  
FILE DATE

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

05 DEC 12 PM 3:55

RECEIVED

**ARTICLES OF INCORPORATION  
OF  
TROPICAL FOLLICLE HAIR REMOVAL, INC.**

FILED  
05 DEC -9 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned subscriber to the Articles of Incorporation, a natural person, competent to contract, hereby forms a corporation under the laws of the State of Florida.

The name of the corporation is:

TROPICAL FOLLICLE HAIR REMOVAL, INC.

**II. TERM OF EXISTENCE**

The Corporation shall exist in perpetuity. The date and time of the commencement of the corporate existence shall be the time of filing of the Articles of Incorporation by the Department of State.

**III. NATURE OF BUSINESS**

The general nature of the business is to be conducted by this corporation is limited to:

**THIS CORPORATION IS ORGANIZED FOR THE PURPOSES OF CONDUCTING ANY AND ALL LAWFUL BUSINESS ENTERPRISES PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA, INCLUDING, BUT NOT LIMITED TO, LASER HAIR REMOVAL AND RELATED ACTIVITIES.**

**IV. INITIAL REGISTERED AGENT and ADDRESS**

The initial registered agent of the corporation is:

BENJAMIN ROCHE, C.P.A.  
5701 OVERSESS HIGHWAY  
MARATHON, FL 33050

## **V. PRINCIPAL ADDRESS OF CORPORATION**

The principal address of the corporation is:

P.O. BOX 501240  
MARATHON, FLORIDA 33050

## **VI. DIRECTORS**

This corporation shall be exercised by a board of two directors. The number of directors may be increased from time to time by bylaws adopted by the stockholders.

## **VII. INITIAL DIRECTORS**

The names and addresses of the initial directors are as follows:

CARMELA BUGANSKI - President  
P.O. BOX 431537  
BIG PINE KEY, FLORIDA 33043

SIGMUND GREGORY BUGANSKI- Vice President  
P.O. BOX 431537  
BIG PINE KEY, FLORIDA 33043

## **VIII. INCORPORATOR**

The incorporator is: CARMELA BUGANSKI at P.O. Box 431537, Big Pine Key, Florida 33043

## **IX. AMENDMENT**

The Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved at a stockholders meeting by a majority of the stockholders entitled to vote thereon, unless all of the Directors and all of the stockholders sign a written statement manifesting their intention that a certain amendment of the Articles of Incorporation be made.

**X. CAPITAL STOCK**

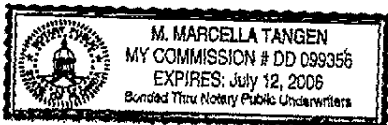
The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having a par value of \$1.00 per share.

Carmela Buganski  
CARMELA BUGANSKI  
Incorporator

STATE OF FLORIDA  
COUNTY OF MONROE

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, Carmela Buganski, to me known to be the individual described in and who executed the foregoing and acknowledged before me that she executed the same freely and voluntarily for the purposes therein expressed.

IN WITNESS WHEREOF, I hereunto set my hand and official seal this 5th day of Dec, 2005. She is personally known to me or has produced \_\_\_\_\_ as identification.



M. Marcella Tangen  
Notary Public, State of Florida

My Commission Expires:

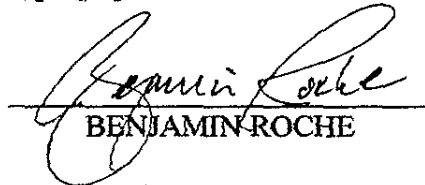
CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT  
UPON WHOM PROCESS MAY BE SERVED

In pursuant of Chapter 48.089, Florida Statutes, the following is submitted in compliance with said act:

FIRST - TROPICAL FOLLICLE HAIR REMOVAL, INC., desiring to organize under the laws of the State of Florida, with its principal corporate office at P.O. Box 501240, Marathon, Florida, 33050, and the office of the Registered Agent, as indicated in the Articles of Incorporation, at 5701 Overseas Highway, Marathon, Florida, 33050, names Benjamin Roche, CPA, as its agent to accept service of process from the state.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above-named corporation, at the place designated in the Certificate, I, the undersigned, hereby accept the said appointment, with the provision of the said act, as to keeping open said office.

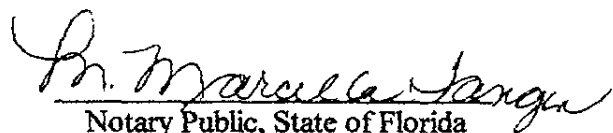
  
BENJAMIN ROCHE

STATE OF FLORIDA  
COUNTY OF MONROE

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, Benjamin Roche, to me known to be the individual described in and who executed the foregoing and acknowledged before me that he, executed the same freely and voluntarily for the purposes therein expressed.

IN WITNESS WHEREOF, I hereunto set my hand and official seal in the County of Monroe, State of Florida, this 5th day of Dec, 2005. He is personally known or has produced the following form of picture identification: \_\_\_\_\_



  
Notary Public, State of Florida

My Commission Expires:

FILED  
05 DEC -9 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA