

P06000015965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

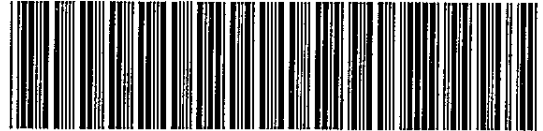
Certified Copies _____

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Special Instructions to Filing Officer:

Armen Gonzalez GAVE
AUTHORIZATION BY PHONE TO
CORRECT *Articles*
DATE *2-07-06*
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T Burch FEB 03 2006

COVER LETTER

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

SUBJECT: Edimi Essentials, 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: Karmen Goncalo

Name (Printed or typed)

P.O. Box 17617

Address

Clearwater, Florida 33762

City, State & Zip

727-542-9546

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:

HENNING SKIN CARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 17617, Clearwater, FL 33762

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to sell skin care products

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Edith Tick, President-P.O. Box 17617, Clearwater, FL 33762

Karmen Goncalo, Vice-President/Secretary/Treas.- P.O. Box 17617, Clearwater, FL 33762

Jessica Musselman, Vice-President-P.O. Box 17617, Clearwater, FL 33762

ARTICLE VI REGISTERED AGENT

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

Karmen Goncalo, 10735 - 57th Street N, Pinellas Park, FL 33782

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Karmen Goncalo, P.O. Box 17617, Clearwater, FL 33762

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

Karmen Goncalo

Date

1-23-06

Signature/Incorporator

Karmen Goncalo

Date

1-23-06

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06 JAN 30 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA