P0600019030

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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OFEB-6 AM 7: 59

COVER LETTER

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

SUBJECT: VIN ON DESCRIPTION OF THE SUBJECT OF THE S	TE NAME - MUST INCL	HAIR KEZ UDE SUFFIX)	40cH	(C)
				Ti
		1 1 0		
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of		
	ADDITIONAL CO	Status PPY REQUIRED		
FROM: Low Day Name	(Printed or typed)		w î+	_ a . _a _aw
13401-9 Saule	Nin As #10 Address	60		
FT Mycrs, FL	State & Zip			z * 1-
~	S100 Telephone number			

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME
The name of the corporation shall be:
SKIN SOLUTIONS LASER AND HAIR REMOVAL CENTER
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
13401-9 SOMUCRLIW RS #160 FF MICKS, FT 33919
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
LASER HAIR AND ANTI AGING TRATMENTS
ADVIOLETTI CHADEC \vee \vee
The number of shares of stock is:
/00
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):
DOVAVON OWENS -18150 ON SelicAN By SK. FT MERS
MARC 87016 - 3990 Timber Kun Ct. H. Muers, Fl. 33908
ANDRES D'ANTON' - 22/3 THI/WINDS AN. FTHICKS, FL 3390 ARTICLE VI REGISTERED AGENT
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:
South could
7243 LAKE SR. FT MICRS, FT 33908
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Souter Outers
13401-9 Symblin M. #160 FT McDS FT 33918
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 fumiliar with and accept the appointment as registered agent and agree to act in this capacity
~/22/ac
Signature/Designatured Agent

Signature/Incorporator