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| (Requestor's Name) | | | |
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| Certified Copies Certificates of Status | | | |
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| Special instructions to Filing Officer: | | | |
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Office Use Only



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

| SUBJECT: Your Skin, Inc. | | |
|--|--------------------------------|---|
| (PROPOSED CORPOR | ATE NAME – <u>MUST INCL</u> | <u>UDE SUFFIX</u>) |
| | | |
| Enclosed are an original and one (1) copy of the a | rticles of incorporation and | l a check for: |
| \$70.00 \$78.75 | ☑ \$78.75 | \$87.50 |
| Filing Fee Filing Fee & Certificate of Status | Filing Fee & Certified Copy | Filing Fee, Certified Copy & Certificate of Status |
| | ADDITIONAL CO | DPY REQUIRED |
| Manda Fain 9 Zankiali Con | | |
| FROM: Wanda Ervin & ZsaNell Sm | ne (Printed or typed) | |
| P.O. Box 13617 | | |
| | Address | |
| Tallahassee, Florida 323 | 317 ty, State & Zip | |
| 850-322-4424 | g, ue m ep | |
| | 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:

Your Skin, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1767 Hermitage Blvd., # 10110 Tallahassee, Florida 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

is to bring awareness to the importance of taking care of your skin to all ages and genders by providing a variety of skin care products via the Your Skin product line.

ARTICLE IV SHARES

The number of shares of stock is:



ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Wanda Ervin 1767 Hermitage Blvd., Apt. 10110 Tallahassee, Florida 32308 ZsaNell Smith 3469 Chatelaine Ct. Tallahassee, Florida 32308

ARTICLE VI REGISTERED AGENT

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

ZsaNell Smith 3469 Chatelaine Ct. Tallahassee, Florida 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Wanda Ervin 1767 Hermitage Blvd., Apt. 10110 Tallahassee, Florida 32308

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

FILED

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SECRETARY OF STATE
LLAHASSEE, FLORIDA

~ /

Date