

PO6000124619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

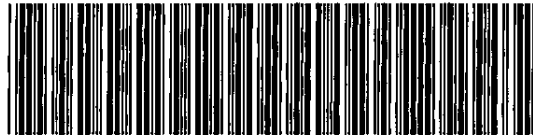
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. 9-28

COVER LETTER

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

SUBJECT: NATURELLE SKINCARE, 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: Eva C Larsson

Name (Printed or typed)

99 Covington Ln

Address

Palm Coast, FL 32137

City, State & Zip

386-503-5489

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:

NATURELLE SKINCARE, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal address: 210 Moody Blvd., Flagler Beach, FL 32136

Mailing address: PO Box 35082 Palm Coast, FL 32135-0842

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Skincare

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Eva C Larsson , President

99 Covington Ln, Palm Coast, FL 32137

Kjell G Larsson, Secretary

99 Covington Ln, Palm Coast, FL 32137

ARTICLE VI REGISTERED AGENT

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

Eva Larsson

99 Covington Ln, Palm Coast, FL 32137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kjell G Larsson

99 Covington Ln, Palm Coast, FL 32137

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

9/26/06

Date



Signature/Incorporator

9/26/06

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA