

P07000008368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

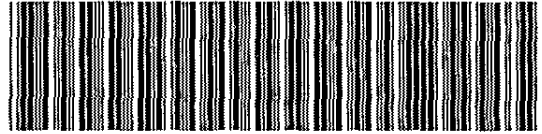
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2007 JAN 19 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 22 2007

COVER LETTER

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

SUBJECT: Accent on Excellence, P.A.
(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: KRISTEN L. HOWARD
Name (Printed or typed)

658 Tulip Lane
Address

Vero Beach, FL 32963
City, State & Zip

772-492-0089
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2007

KRISTEN L. HOWARD
658 TULIP LANE
VERO BEACH, FL 32963

SUBJECT: ACCENT ON EXCELLENCE, P.A.
Ref. Number: W07000000935

We have received your document for ACCENT ON EXCELLENCE, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

A copy of a license or other legal authorization verifying the rendering of a personal service must accompany your articles of incorporation as a professional association.

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: 607A00001476

AC#2277144

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
09/21/2006	EO 1012	2543

The **ELECTROLOGIST**

named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **MAY 31, 2008**

KRISTEN LOU HOWARD

333 17TH ST

STER

VERO BEACH, FL 32960



[Signature]
JEB BUSH
GOVERNOR

DISPLAY IF REQUIRED BY LAW

[Signature]
M. RONY FRANCOIS, M.D., M.S., P.H., Ph.D.
SECRETARY

FILED

2007 JAN 19 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Accent on Excellence, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

658 Tulip LN, Vero Beach, FL 32963

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide permanent hair removal through electrolysis and laserology.

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kristen L. Howard, President, Secretary, Treasurer

658 Tulip LN Vero Beach, FL 32963

ARTICLE VI REGISTERED AGENT

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

Kristen L. Howard
658 Tulip LN
Vero Beach, FL 32963

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kristen L. Howard
658 Tulip LN
Vero Beach, FL 2963

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

Kristen L. Howard
Signature/Registered Agent

1/15/07
Date

Kristen L. Howard
Signature/Incorporator

1/15/07
Date