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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1007-25900
11/11/07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2007

CLINICAL ESTHETICS, INC.
~~11300 LEGACY AVE BUILDING J SUITE 200 RM~~
PALM BEACH GARDENS, FL 33410

SUBJECT: CLINICAL ESTHETICS, INC.
Ref. Number: W07000032900

We have received your document for CLINICAL ESTHETICS, INC. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6955.

Suzanne Hawkes
Document Specialist
New Filing Section

Letter Number: 907A00044121

COVER LETTER

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

SUBJECT: Clinical Esthetics and wellness
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) INC

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

already sent
☒ \$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: Kamila Leverrier
Name (Printed or typed)

4613 Brook Drive
Address

W.P. B FL 33412
City, State & Zip

(561) 351-6239
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: Clinical Esthetics ~~and~~
and Wellness Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11300 Legacy Ave
Suite # 27 Building
P.O. Box 33410

mailling: 46 B Brook Drive
W.P.B FL 33417

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

n/a

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kamila Leverrier "owner"

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Kamila Leverrier
46 B Brook Drive
W.P.B FL 33417

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kamila Leverrier
4613 Brook Drive
W.P.B FL 33417

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

Date

9/14/07

9/14/07