P08000086952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

600135996956

09/23/08--01001--010 **87.50

FILED
08 SEP 22 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
08 SEP 22 PM 4:08
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

MD 9/22

COVER LETTER

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

SUBJECT: Skindamentals Distributing 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: Joan Harvey
Name (Printed or typed)

2315 San Mateo Ct
Address

Tallahassee, FL, 32303
City, State & Zip

850-228-1422
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)

FILED
08 SEP 22 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
Skindamentals Distributing Inc.

ARTICLE II PRINCIPAL OFFICE

The principal **street** address and mailing address, if different is:
2315 San Mateo Ct
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Distrubiting skin care products to professionals

ARTICLE IV SHARES

The number of shares of stock is:
1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Joan Harvey
2315 San Mateo Ct
Tallahassee, FL 32303
President

Tiffany Clark
504 Carrie Ln.
Lynn Haven, FL 32333
Vice President

Stephanie Guttierrez
2315 San Mateo Ct
Tallahassee, FL 32303
Vice-President

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:
Joan Harvey
2315 San Mateo Ct
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:
Joan Harvey
2315 San Mateo Ct
Tallahassee, FL 32303

****

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

Joan S. Harvey
Signature/Registered Agent — 9-22-08 Date

Joan S. Harvey
Signature/Incorporator — 9-22-08 Date