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COVER LETTER

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

SUBJECT: SKIN CARE PHARMACEUTICALS, 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: KRISTINE E. ROSS
Name (Printed or typed)

5394 CRANES ROOST
Address

PORT ORANGE, FL 32128
City, State & Zip

386-682-2568
Daytime Telephone number

mspinnsb@aol.com
E-mail address: (to be used for future annual report notification)

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 SKIN CARE PHARMACEUTICALS, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
5394 CRANES ROOST
PORT ORANGE, FL 32128

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	KRISTINE E. ROSS, P. T.	Name and Title:	
Address:	5394 CRANES ROOST	Address:	
	PORT ORANGE, FL 32128		

Name and Title:	DONALD G. ROSS, VP, S	Name and Title:	
Address:	5394 CRANES ROOST	Address:	
	PORT ORANGE, FL 32128		

Name and Title:		Name and Title:	
Address:		Address:	

ARTICLE VI REGISTERED AGENT

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

Name: DONALD G. ROSS
Address: 5394 CRANES ROOST
PORT ORANGE, FL 32128

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KRISTINE E. ROSS
Address: 5394 CRANES ROOST
PORT ORANGE, FL 32128

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

Donald Ross
Required Signature/Registered Agent

3-16-2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Kristine E. Ross
Required Signature/Incorporator

3-16-2011
Date