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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: PERFECT YOU 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: IRIS KOGAN

Name (Printed or typed)

1155 S DALE MABRY HWY

Address

TAMPA, FL 33629

City, State & Zip

813-289-5522

Daytime Telephone number

WFSTAMPA@HOTMAIL.COM ✓

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: **PERFECT YOU INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
1155 S DALE MABRY HWY
TAMPA, FL 33629

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
MEDICAL LASER HAIR REMOVAL

ARTICLE IV SHARES

The number of shares of stock is: **100 SHARES**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **IRIS KOGAN**

Address: **1155 S DALE MABRY HWY**
TAMPA, FL 33629

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **IRIS KOGAN**

Address: **1155 S DALE MABRY HWY**
TAMPA, FL 33629

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **IRIS KOGAN**

Address: **1155 S DALE MABRY HWY**
TAMPA, FL 33629

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

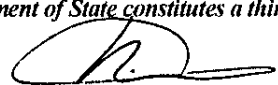


Required Signature/Registered Agent

3/22/11

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.



Required Signature/Incorporator

3/22/11

Date

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TALLAHASSEE, FLORIDA