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## COVER LETTER

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

SUBJECT: Skin Renewal Systems Salon, 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: Liz Havens

Name (Printed or typed)

1000 N. Collier Blvd #13

Address

Marco Island, FL 34145

City, State & Zip

239-394-1083

Daytime Telephone number

elizabethhavens@comcast.net

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**

The name of the corporation shall be:

**Skin Renewal Systems Salon, Inc**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1000 N. Collier Blvd #13  
Marco Island, Fl 34145

Mailing address, if different is:

P.O. BOX 307  
Marco Island, Fl 34146

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Hair and Nail Salon**

**ARTICLE IV SHARES**

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Liz Havens, VP

Address: 8607 Erice Ct  
Naples, Fl 34114

Name and Title: Adrienne Willmeng, Pres

Address: 1869 Dogwood Ct  
Marco Island, Fl 34145

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: Liz Havens

Address: 8607 Erice Ct  
Naples, Fl 34114

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Liz Havens

Address: 8607 Erice Ct  
Naples, Fl 34114

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

Liz Havens

Required Signature/Registered Agent

9-5-11

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.

Liz Havens

Required Signature/Incorporator

9-5-11

Date

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