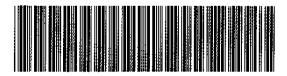
## P/1000080466

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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TALLAHASSEE, FLORIDA

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## **COVER LETTER**

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

<b>SUBJECT: Skin Renewal Systems</b>	s Salon, Inc
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Liz Havens	(Printed or typed)
1000 N. Collier Blvd #13	Address
Marco Island, Fl 34145 City,	State & Zip
239-394-1083  Daytime T	elephone number
elizabethhavens@comca E-mail address: (to be used	ast.net I 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 Renev	val Systems Salon, Inc.	
The name of t	NAME Skin Renew	vai cyclome calon, me	·
ARTICLE			
AKIICIAI	Principal street address	Mailing a	ddress, if different is:
Transition of the second	1000 N. Collier Blvd #13	P.O. BOX 307	
3 Silv S.J.	Marco Island, Fl 34145	Marco Island, F	1 34146
V 3 4 1	<u>II PURPOSE</u>		
	for which the corporation is organized	1 is:	
Hair and	Nail Salon		
ARTICLE I			
The number o	f shares of stock is:100		
ARTICLE	V INITIAL OFFICERS AND/C	אס מות פני	
Name a	1 mid of in Lincoln A/D		ne Willmeng, Pres
Address		Address: 1869 D	logwood Ct
1	Naples, Fl 34114	Marco	Island, FI 34145
		Name and Title:	
Address		Address:	<del></del>
		<del></del>	<del></del>
10	<del></del>		· · · · · · · · · · · · · · · · · · ·
Name a	nd Title:	Name and Title:	
Address		A didagan.	
Serre Marie			aff
	T REGISTERED AGENT	NT	<u>≥</u>
ne <u>name and</u> Name:		OT acceptable) of the registered agent is:	ES SO TO
Address	0007 E-1 OI		
Address.	Naples FL 34114		37 1
	napies, Fr. 8.114		
	II INCORPORATOR		Me A Tit
	d address of the Incorporator is:		
Name:	Liz Havens		
Address:			
•	Naples, Fl 34114		
in Difference have	named as registered arms to access a	service of process for the above stated corpo	needless of the place designated in
this certificate	Lam familiar with and occept the an	pointment as registered agent and agree to a	rauon ai ine paixe aesignaieu in et in this canacity
		positional in registered agent that agree to a	ci in inis cupacity
- AL	Haven		0.5.44
14 ( )47)		4	9-5-11
ILIZ HA	VENS Required Signature/Regis	tered Agent	Date
I submit this	document and affirm that the facts s	tated herein are true. I am aware that the	false information submitted in a
dokument to the	he Department of State constitutes a th	aird degree felony as provided for in s.817.15	S. F.S
	1//		-, - mar
The	- YAMM		0.5.11
	Required Signature/Inc	corporator	9-5-11 Date
エンク	HAVENS	or borness	Date
* 24 Pr	,		