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ECHTARY OF STATE

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AND SHARESEE, FLORID.

ř. Burch DOL 312011

COVER LETTER

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

SUBJECT: The Office, Inc.								
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)								
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:								
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED							
·								
FROM: Billie Smith	(Printed or typed)							
907 Mar Walt Dr. Suite 2	014 Address							
Fort Walton Beach, Fl 3	2547 State & Zip							
850-862-2728 Daytime Te	elephone number							
Skincare@aboutface.gcc E-mail address: (10 be used	coxmail.com 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 1 The name of the corp	The Office, Inc.						
ARTICLE II	PRINCIPAL OFFICE						
	Principal street address	М	Mailing address, if different is:				
70	6 Edge Street					(' i	
· · · · · · · · · · · · · · · · · · ·	rt Walton Beach, Florida 32547			×.	200	- 100	
				Ŗ	ارد) مسو معاد		_
						2	77
ARTICLE III P					معلا الله	~	
	ch the corporation is organized is:					œ	111
Any and all La	witui Business.				TT S	-0	Ö
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					到了	Ë	
					중군	ত্র	
					314	0	
ARTICLE IV S	SHARES						
The number of shares	s of stock is:100						
	NITIAL OFFICERS AND/OR DIRECTO						
Name and Title	e:Billie Smith, President	Name and Title:_					_
Address:	907 Mar Walt dr. suite 2014			_			_
	Ft. Walton Beach, Fl 32547	<u></u>					
							_
Name and Title	e:Tina Stanhope, Vice President	Name and Title:					
Address:	309 Briarwood Cir						
	Ft. Walton beach, Fl 32547						
				-			_
		-		,			_
Name and Title	e:	Name and Title:_					_
Address:		Address: _					_
							_
			· ·				_
ARTICLE VI R	REGISTERED AGENT						
	da street address (P.O. Box NOT acceptable)	of the registered agent	is:				
Name:	Billie Smith	or the regimered agent					
Address:		<u> </u>					
	329 N. Beal Pkway Ft. Walton beach, Fl 32547						
45000000000							
	NCORPORATOR						
	ess of the Incorporator is:						
Name: Address:	Billie Smith						
Address:	329 N. Beal Pkway Ft. Walton Beach, Fl 32547						
	Ft. Wallon beach, Ft 32547						
Having been named	as registered agent to accept service of proce	ess for the above state	ed corporation	at the	nlace des	ienate	d in
this cortificate, I am	familiar with and accept the appointment as re	egistered agent and ag	ree to act in th	is capa	city		
1 11				D)	1		
Dellii V	Y Amill			In	197	11	,
January .	Required Signature/Registered Agent		<u>'</u>		Date		-
	And Signature Registered Rigent				Date		
I submit this docum	ent and affirm that the facts stated herein a	re true. I am aware ti	hat the false ii	nforma	tion subr	nitted i	n a
document to the Dep	artment of State constitutes a third degree feld	ony as provided for in s	s.817.155, F.S.	_			
(d 11		- -			1		
Villi	DI Amill			()	189	2/	/
	Required Signature/Incorporator	•	-		Date	1//	-