

P11000097796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

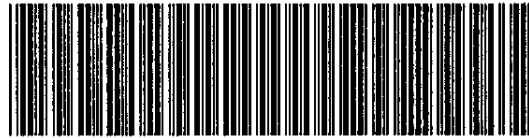
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch NOV 14 2011

## COVER LETTER

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

SUBJECT: Skin Care & Health Solutions Corp  
(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: Gloria Romero  
Name (Printed or typed)  
3900 NW 79 Ave Suite 444  
Address  
Doral FL 33166  
City, State & Zip  
786-413-4041  
Daytime Telephone number  
romege0874@hotmail.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 & Health Solutions Corp  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
3900 NW 79 Ave Suite 444  
Doral FL 33166

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Any and all lawfull Business

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

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

Name and Title: Gloria Romero - President	Name and Title: _____
Address: 3900 NW 79 Ave Suite 444	Address: _____
Doral FL 33166	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
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: Gloria Romero  
Address: 3900 NW 79 Ave Suite 444  
Doral FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Gloria Romero  
Address: 3900 NW 79 Ave Suite 444  
Doral FL 33166

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

11/8/2011  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Required Signature/Incorporator

11/8/2011  
\_\_\_\_\_  
Date

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2011 NOV 10 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA