

P/2000036187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

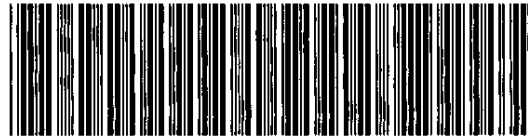
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/17/12--01005--012 **78.75

RECEIVED APR 16 2012

FILED
12 APR 16 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ 04/18/12

COVER LETTER

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

SUBJECT: Floridian Skins Incorporated

(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: Gail Lynn Beregovich

Name (Printed or typed)

1581 Brickell Ave. T104

Address

Miami, Florida 33129

City, State & Zip

305-668-0185

Daytime Telephone number

berego.home@gmail.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 Floridian Skins Incorporated

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1581 Brickell Ave T-104
Miami, Florida 33129

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To produce and sell exfoliating, mositurizing and skin
nurshiment scrubs for hands, feet and bath.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gail Lynn Beregovich CEO/Director	Name and Title: _____
Address: 1581 Brickell Ave T - 104	Address: _____
Miami, Florida 33129	_____

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: Gail Lynn Beregovich
Address: 1581 Brickell Ave T - 104
Miami Florida 33129

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gail Lynn Beregovich
Address: 1581 Brickell Ave T - 104
Miami, Florida 33129

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

4/10/12
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

4/10/12
Date

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12 APR 16 AM 9:05
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA