

PD000038566

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
SKINCARE BY ELA, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

12 APR 24 PM 12:45
RECEIVED
DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME SKINCARE BY ELA, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
1850 LAKE DRIVE
DELRAY BEACH, FL 33444

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 1,000 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT-ELZBIETA M. MOLCZAN	Name and Title: _____
Address: 1850 LAKE DRIVE	Address: _____
DELRAY BEACH, FL 33444	_____
_____	_____
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: ELZBIETA M. MOLCZAN
Address: 1850 LAKE DRIVE
DELRAY BEACH, FL 33444

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: ELZBIETA M. MOLCZAN
Address: 1850 LAKE DRIVE
DELRAY BEACH, FL 33444

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

Elzbieta Molczan

Required Signature/Registered Agent

4-24-12

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.

Elzbieta Molczan

Required Signature/Incorporator

4-24-12

Date

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