

P12000056465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

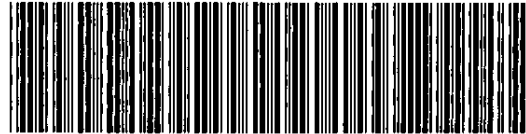
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

621-619-

W11000042702



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08/15/11--01003--026 **78.75

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2012 JUN 21 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: My SkinplicityRx Inc

(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: Kristy Cocozza

Name (Printed or typed)

500 NE 5th Avenue, Suite 5

Address

Delray Beach, FL 33483

City, State & Zip

954-790-8110

Daytime Telephone number

skinplicityrx@yahoo.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JUN 21 PM 2:46

FILED

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2011

KRISTY COCOZZA
500 NE 5TH AVENUE
SUITE 5
DELRAY BEACH, FL 33483

SUBJECT: MY SKINPLICITYRX, INC.
Ref. Number: W11000042702

We have received your document for MY SKINPLICITYRX, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 211A00019161

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: My SkinplicityRx, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
500 NE 5th Avenue, Suite 5
Delray Beach, FL 33483

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Specific purpose For a Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kristy Cocozza, President
Address: 26 Abbey Lane, Apt 404
Delray Beach, FL 33446

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Kristy Cocozza
Address: 26 Abbey Lane, Apt 404
Delray Beach, FL 33446

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____
Address: Kristy Cocozza
26 Abbey Lane, Apt 404
Delray Beach, FL 33446

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

Kristy Cocozza
Required Signature/Registered Agent

8-11-11
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.

Kristy Cocozza
Required Signature/Incorporator

Date

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TALLAHASSEE, FLORIDA