

P12000080338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

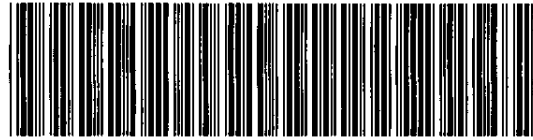
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/29/12--01022--006 \*\*78.75

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12 SEP 21 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

90254-247

9-20-12  
5

## COVER LETTER

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

SUBJECT: Sora Skin Care, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Shana Weiner

Name (Printed or typed)

3080 Holiday Springs Blvd. Unit #212

Address

Margate, Florida 33063

City, State & Zip

954-682-8864

Daytime Telephone number

Shana W @yahoo.com

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 31, 2012

SHANA WEINER  
3080 HOLIDAY SPRINGS BLVD UNIT 212  
MARGATE, FL 33063

SUBJECT: SORA SKIN CARE, INC.  
Ref. Number: W12000045336

We have received your document for SORA SKIN CARE, 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):

Please complete Article(s) I.

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) 245-6052.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 412A00022275

RECEIVED  
12 SEP 21 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: SoraSkinCare Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Shana Weiner  
3080 Holiday Springs Unit 212  
Margate, FL 33063

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To produce, sell and distribute skin care products and related products as well as any other legal corporate purpose.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Shana Weiner CEO and Director  
Address: 3080 Holiday Springs Unit 212  
Margate, FL 33063

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

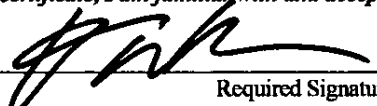
Name: Registered Agents Inc.  
Address: 3030 N. Rocky Point Dr. STE 150A  
Tampa, FL 33607

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Shana Weiner  
Address: 3080 Holiday Springs Unit 212  
Margate, FL 33063

*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*

 \_\_\_\_\_  
Dan Keen-President  
Required Signature/Registered Agent

August 28, 2012  
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

August 28, 2012  
Date

FILED  
12 SEP 21 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA