

P13000068528

(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



800250667238

08/15/13--01014--006 \*\*78.75

FILED  
13 AUG 15 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 8/21

## COVER LETTER

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

SUBJECT: **Superior Facials, 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: **Linda F. Bell**

Name (Printed or typed)

**1315 Frank Whiteman Blvd.**

Address

**Naples, Florida 34103**

City, State & Zip

**239-403-3524**

Daytime Telephone number

**Fruzanne@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**  
The name of the corporation shall be: Superior Facials, Inc.

**ARTICLE II    PRINCIPAL OFFICE**  
Principal street address  
1315 Frank Whiteman Blvd.  
Naples, Florida 34103

Mailing address, if different is:

**ARTICLE III    PURPOSE**  
The purpose for which the corporation is organized is: Sell skin care products and provide skin care services, etc.

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

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

Name and Title:	<u>Linda F. Bell, President</u>	Name and Title:	_____
Address	<u>1315 Frank Whiteman Blvd.</u> <u>Naples, Florida 34103</u>	Address:	_____ _____ _____

Name and Title:	<u>Michael A. Fisher, VP</u>	Name and Title:	_____
Address	<u>300 5th Ave., South, Ste. 101</u> <u>Naples, Florida 34012</u>	Address:	_____ _____ _____

Name and Title:	<u>Craig B. Taylor, Sec.</u>	Name and Title:	_____
Address	<u>1029 Grande View Pass</u> <u>Maylene, AL 35114</u>	Address:	_____ _____ _____

FILED  
13 AUG 15 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

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: Michael A. Fisher

Address: 300 5th Ave., South, Ste. 101

Naples, Florida 34102

FILED  
13 AUG 15 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

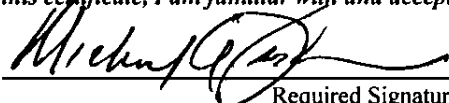
The name and address of the Incorporator is:

Name: Linda F. Bell

Address: 1315 Frank Whiteman Blvd.

Naples, Florida 34103

*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

8/13/2013

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

8/13/2013

Date