Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

0

03 \$70.00

Account Number: 075350000353 Phone : (800)221-2972

Fax Number : (888)692-9256

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

FLORIDA PROFIT/NON PROFIT CORPORATION SKN BEAUTY OF FLORIDA, INC. Certificate of Status Certified Copy Page Count

Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

3/25/2014

https://efile.sunbiz.org/scripts/efilcovr.exe

From:

*03/25/2014 15 #813 P.002/003

SENTENARY OF STATE

ARTICLES OF INCORPORATION 14 MAR 25 AM 11: 50 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpora	E SKN Beauty of Flo	rida, Inc.	
	NCIPAL OFFICE Principal <u>street</u> address Ilmetto Park Road	Mailing address, if different is: 101-103 E. Palmetto Park Road	
Boca Raton, FL 33432		Boca Raton, FL 33432	
	POSE he corporation is organized is: to enga tions may be organized.	ge in any lawful act or activity for	
	RES stock is: 1,000 CAL OFFICERS AND/OR DIRECTOR Carmen White/Director 208 Fern Street Apt 1505	S Name and Title: Address:	
-	West Palm Beach, FL 33401		
Name and Title:	·	Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

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	,		
Name an	d Title:	Name and Title:	
Address		Address:	
			and the second particular particular department of the second particular part
			,
ARTICLE VI	REGISTERED AGENT		
The name and F	foride street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Carmen White		
Address:	208 Fern Street Apt 1505		
	West Palm Beach, FL 33401		
ARTICLE VII	INCORPORATOR		
The pame and as	ddress of the Incorporator is:	•	
Name:	Carmen White		•
Address:	208 Fern Street Apt 1505		
	West Palm Beach, FL 33401		
		en et a la company de second	and a set to also don't all the
Having been nat this certificate, I	ned as registered agent to accept service of process our familiae with add accept the appointment as reg	jor the above stated entpol istered agent and agree to c	rauon ai taz piacz aesignatea in ict in this enpacity ₍
& acm	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Alse William
<u> </u>	Required Signature/Registered Agent		Date
I submir tlita doc	ument and affirm that the facts stated herein are	true. I am oware that the f	false information submitted in a
S. Jane	Department of State consistutes & third degree felon	y as provided for in s.817.1:	55, F.S.
J. B. CAN.	Remissed Signature/Incompressor	- Andrew Company of the Company of t	3/3C/11/