

P16000051455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

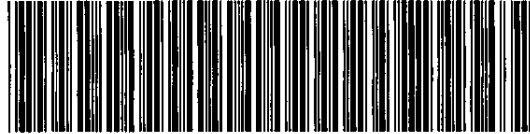
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA  
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*msm*

**COVER LETTER**

**Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**SUBJECT: Domestication Provence Cosmetics, Inc.**

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

**FEES:**

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

**OPTIONAL:**

Certificate of Status	\$ 8.75
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**Provence Cosmetics, Inc. Flora Vergnolle**

Name (printed or typed)

**7251 NE 2nd Avenue suite 107**

Address

**Miami, FL 33138**

City, State & Zip

**1-877-700-7775**

Daytime Telephone Number

**Info@provincecosmetics.com**

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

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## CERTIFICATE OF DOMESTICATION

The undersigned, Flora Vergnolle, CEO / OWNER,  
(Name) (Title)  
of Provence Cosmetics, Inc. F15000002316 a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was March 28th, 2014.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was South Carolina.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Provence Cosmetics, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Provence Cosmetics, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was STATE OF SOUTH CAROLINA.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am the Owner/ceo, of Provence Cosmetics, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 5th day of June, 2016.

  
(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I    NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

PROVENCE COSMETICS, INC.

**ARTICLE II    PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:*

Principal Address

Mailing Address

Provence Cosmetics, Inc.

7251 NE 2nd avenue Suite 107 Miami, FL 33138

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

The purpose of this corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of Florida other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the Florida corporation code.

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FN

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 1000

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

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

Flora Vergnolle

Title/Name

Chief executive officer

Title/Name

Flora Vergnolle

Title/Name

Secretary

Title/Name

Flora Vergnolle

Title/Name

Chief financial officer

Title/Name

Title/Name

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**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

**Flora Vergnolle**

1756 N. Bayshore Dr apt 25A Miami, FL 33132

**ARTICLE VII INCORPORATOR**

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

**Flora Vergnolle**

1756 N. Bayshore Dr apt 25A Miami, FL 33132

\*\*\*\*\*

**HAVING BEEN NAMED AS REGISTERED AGENT AND 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.**

Signature/Registered Agent

JUNE 5th, 2016

Date

Signature/Incorporator

JUNE 5th, 2016

Date

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