

P16000059594

(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:

W16-46869

Office Use Only



700287092707

06/27/16--01041--017 **78.75

FILED

16 JUL 18 AM 7:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Esma Skin Care Incorporated
(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: Marvit Shehadeh
Name (Printed or typed)

27251 Wesley Chapel Blvd. Ste 209
Address

Wesley Chapel, FL 33544
City, State & Zip

954-281-7930
Daytime Telephone number

mqshehad@gmail.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

July 5, 2016

MARVIT HEHADEH
27251 WESLEY CHAPEL BLVD. STE 209
WEST CHAPEL, FL 33544

SUBJECT: ESMA SKIN CARE
Ref. Number: W16000046869

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

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 316A00014039

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ARTICLES OF INCORPORATION

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Esma Skin Care Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

27251 Wesley Chapel Blvd. Ste 209

Wesley Chapel, FL 33544

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our service is to provide the fundamental foundation of education

through natural ingredients, organic compounds and essential oils for skin health.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marvit Shehadeh, CEO Name and Title: _____

Address 27251 Wesley Chapel Blvd Ste 209 Address: _____

Wesley Chapel, FL 33544

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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16 JUL 18 AM 7:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Marvit Shehadeh
Address: 13425 Bastiano St.
Venice, FL 34293

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Marvit Shehadeh
Address: 27251 Wesley Chapel Blvd. Ste 209
Wesley Chapel, FL 33544

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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
6/16/2016
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
6/16/2016
Date