P17000015827

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000048306 3)))

H170000483063ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address:_____

FLORIDA PROFIT/NON PROFIT CORPORATION

PREMIER SKIN CARE INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

17 FEB 20 AM 11:26
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/21/17

Electronic Filing Menu Corporate Filing Menu Help

H17000043306

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

FILED
17 FEB 27 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME: The name of the corporation is:

Premiere Skin Care Inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1250 SW 27th Avenue
Suite # 500
Miami, Fl 33135

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Maria E. Milian - P

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Maria E. Milian
1250 SW 27 Ave STE 500
Miami FL 33135

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Maria E Milian
1250 SW 27 Ave STE 500
Miami FL 33135

H17000043306

H17000040306

Required Signatures:

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

Maria Millian
Registered Agent

2-20-17
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.

Maria Millian
Incorporator

2-20-17
Date

17 FEB 20 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H17000040306