P1700026020

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				
<u>L </u>				

Office Use Only



500296038055

03/07/17--01011--019 **87.50

TARTAKY OF STATE

MAR 22 AM 8: 4

W17-020057

2 03/23/17



March 9, 2017

ALEECE WALKER 9104 AFFIRMED LN. BOCA RATON, FL 33496

SUBJECT: IN THE NAME OF SKIN AND BEAUTY INCORPORATED

Ref. Number: W17000020057

We have received your document for IN THE NAME OF SKIN AND BEAUTY INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 817A00004590

COVER LETTER

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

SUBJECT: In The Name of Skin and Beauty Incorporated (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM:	Aleece Im	an Walker e (Printed or typed)	· · · · · · · · · · · · · · · · · · ·		
9104 Affirmed Lane					
Boca Raton, Florida 33496 City, State & Zip					
216-534-9866 Daytime Telephone number					
		@icloud.con			
	216-53 Daytime T	4-9866	n		

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)

The name of the corpora	tion shall be: In The Name of	Skin and Beauty	<u>/ Incorporated</u>
ARTICLE II PRINC	CIPAL OFFICE Principal street address	Mailing addre	ess, if different is:
9104 Affirmed Lane Boca Raton, Florida 33496		9104 Affirmed Lane Boca Raton, Florida 33496	
and overall h	nealth in an organic and	stimulating natur	e.
			=-
			SEI SEI
			AH AH
			H E 22 VAT SSER
ARTICLE IV SHAR. The number of shares of	<u>ES</u> stock is: 1,000		AM 8: 45 OF STATE OFLORIDA
ARTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS		
Name and Title	: Aleece Walker/ Secratary	Name and Title:	
Address	9104 Affirmed Lane	Address:	
	Boca Raton, Florida 33496		
Name and Title	Aleece Walker/ President	Name and Title:	
Address	0404 Affirm 11	Address:	
	Boca Raton, Florida 33496		
Name and Title	Aleece Walker/ Treasurer	Name and Title:	
Address	9104 Affirmed Lane	Address:	*****
	Boca Raton, Florida 33496		

Name and T	itle:	Name and Title:
Address		Address:
	<i>GISTERED AGENT</i> da street address (P.O. Box NOT acceptable) (of the registered agent is:
Name: _	Aleece Walker	_
Address: _	9104 Affirmed Lane	
_	Boca Raton, Florida 33496	-
ARTICLE VII IN	CORPORATOR	
The name and addre	ess of the Incorporator is:	SE TAL
Name:	Aleece Walker	HAR LAHS
Address:	9104 Affirmed Lane	ASSET
	Boca Raton, Florida 33496	EFEC
	er than the date of filing: Warch 3rd,	2017 (OPTIONAL) ot be more than five days prior or 90 days after the
	erted in this block does not meet the applicable tive date on the Department of State's records.	e statutory filing requirements, this date will not be listed as
Having been named	as registered agent to accept service of proces	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
Alleca	Y. Walken	3 8 17
	Required Signature/Registered Agent	Date
document to the Dep	ept and affirm that the facts stated herein are artment of State constitutes a third degree felo	e true. I am aware that the false information submitted in a my as provided for in s.817.155, F.S.
Mille	I I WIKU	3/18/17
Required	Signature/Incorporator	- Date