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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG -7 PM 3:39
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Hill Dermaceuticals Consumer Division, Inc.

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Larry M. Roth


Name (Printed or typed)

P.O. Box 1150

Address

Winter Park, FL 32790

City, State & Zip

407-585-6056

Daytime Telephone number

lroth@roth-law.com

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

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)

ARTICLE I NAME

The name of the corporation shall be: Hill Dermaceuticals Consumer Division, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2650 S. Mellonville Avenue

Sanford, FL 32773

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Distribution, marketing and sale of over the counter (OTC) topical products, using all forms of marketing including

Internet marketing and payments. The OTC topical products will be for various skin diseases, including but not

limited to treatment for sweaty palms and perspiration related diseases. The purpose of the business shall include

all follow-up with customers who have purchased these OTC products for external body use.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jerry S. Roth, President

Address: 2429 Alaqua Drive

Longwood, FL 32779

Name and Title: Jennifer Roth, Secy/Treasurer

Address: 2078 Alaqua Lakes Blvd.

Longwood, FL 32779

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

SECRETARY OF STATE
DIVISION OF CORPORATION
18 AUG -7 PM 3:39
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: Larry M. Roth
Address: 3056 S. Mellonville Avenue
Sanford, FL 32773

ARTICLE VII INCORPORATOR

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

Name: Jerry S. Roth
Address: 2429 Alaqua Drive
Longwood, FL 32779

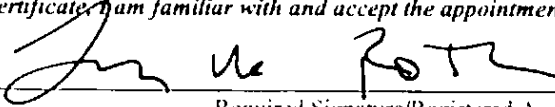
ARTICLE VIII EFFECTIVE DATE:

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

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

08/06/2018

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

08/06/2018

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