

P19000038183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

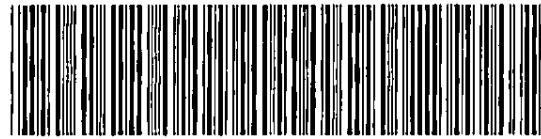
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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05/08/19--01003--016 **87.50

RECEIVED
SECRETARY OF STATE
19 MAY - 8 PM 12:22

FILED
19 MAY - 8 PM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAY 09 2019

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ECOSMETICS, INC.

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- ☒ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

FILE SECOND AFTER LLC DISS. (KS)

Signature _____

Requested by: BA

5/8/19

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

COVER LETTER

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

SUBJECT: ECOSMETICS, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Robert Fast

Name (Printed or typed)

6278 North Federal Hwy., #237

Address

Fort Lauderdale, FL 33308

City, State & Zip

954-324-7529

Daytime Telephone number

rfast@thefastlawfirm.com

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

NOTE: Please provide the original and one copy of the articles.

ECOSMETICS, LLC

May 7, 2019

VIA HAND DELIVERY

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Cir.
Tallahassee, FL 32301

FILED
19 MAY -8 PM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Dissolution and Release of Name of ECOSMETICS, LLC

Dear Division of Corporations,

Accompanying this letter please find Articles of Dissolution for ECOSMETICS, LLC, effective upon filing.

Please let this letter serve as notice that ECOSMETICS, LLC will not be reopened and that it hereby releases its name to and permits its name to be used by the new entity being formed, ECOSMETICS, INC.

Best regards,



Robert Fast
Member / Manager of ECOSMETICS, LLC

FILED
19 MAY -8 PM 10:24
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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: ECOSMETICS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3500 Oaks Clubhouse Drive, #104

6278 North Federal Hwy. #237

Pompano Beach, FL 33069

Fort Lauderdale, FL 33308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose.

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Fast (Secretary)

Name and Title: _____

Address 6278 N. Federal Hwy. #237

Address: _____

Fort Lauderdale, FL 33308

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Robert Fast
Address: 3500 Oaks Clubhouse Drive, #104
Fort Lauderdale, FL 33069

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert Fast
Address: 3500 Oaks Clubhouse Drive, #104
Fort Lauderdale, FL 33069

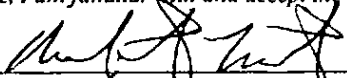
ARTICLE VIII EFFECTIVE DATE:

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 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

5/7/19

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

5/7/19

Date

FILED
19 MAY - 8 PM 10:25
STATE OF FLORIDA
TALLAHASSEE