

P21000000644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

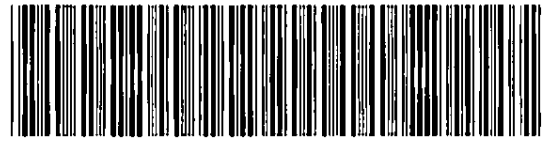
(Business Entity Name)

(Document Number)

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2021 JAN -5 PM 12:24  
2021 JAN -5 AM 7:06  
TALLAHASSEE, FLORIDA

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE** 1/5/2021

**PRIORITY** Routine

**OUR REF # (Order ID#)** 881152

**ORDER ENTITY**  
SKINNEYFL INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
SKINNEYFL INC. ( FL)

Please file the attached and provide a certified copy.

**NOTES:**  
\$78.75 Authorized  
Email address for annual report reminders: jim@weinbergpc.com

**RETURN/FORWARDING INSTRUCTIONS:**  
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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: SKINNEYFL INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
c/o Saks Fifth Ave Skinny Medspa  
9700 Collins Ave, 2nd Floor

Bal Harbour, FL 33154

Mailing address, if different is:  
125 Fifth Avenue  
2nd Floor

New York, New York 10003

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Marisa Martino, Dir. Name and Title: \_\_\_\_\_

Address 17121 Collins Ave. Address: \_\_\_\_\_  
Apartment 3408 \_\_\_\_\_  
Sunny Isles Beach, FL 33160 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

2021 JAN - 5 AM 7:06

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: Marisa Martino  
 Address: 17121 Collins Ave., Apt., 3408  
Sunny Isles Beach, FL 33160

**ARTICLE VII INCORPORATOR**

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

Name: Lawrence A. Kirsch  
 Address: 90 State Street, Suite 815  
Albany, New York 12207

**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*

Marisa Martino

Required Signature/Registered Agent

1/5/2021

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.*

Lawrence A. Kirsch

Required Signature/Incorporator

Date 1/5/2021

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