P2300000 1219

(Requestor's Name)
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PICK-UP WAIT MAIL
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SCCRETARY OF SIGH



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE: 297980 7460429
AUTHORIZATION :
COST LIMIT : \$70.00
ORDER DATE : December 29, 2022
ORDER TIME : 8:41 AM
ORDER NO. : 297980-005
CUSTOMER NO: 7460429
DOMESTIC FILING
NAME: SKIN SPA NEW YORK - FLORIDA CORPORATION
EFFECTIVE DATE:
XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland - EXT.
EXAMINER'S INITIALS:

FLORIDA PROFIT BENEFIT CORPORATION COVER LETTER

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

SUBJECT: Ski	in Spa Ne	w York - Florida Corpo				
		(PROPOSED COR	PORAT	E NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an	original	and one (1) copy of the	he articl	es of incorporation and	l a check for:	
☐ \$70. Filing F	ee Fi	□ \$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	& Certificate o Status	
			L	ADDITIONAL CO	PY REQUIRED	
FROM	Katie We	-	Name (Printed or typed)		
	11 w 20th	Street				
	-		Ad	dress		
	New York	, NY 10011				
			City, St	ate & Zip	···	
	21262000	033				
	Daytime Telephone number					
	katie@ski	nspanewyork.com				
		E-mail address: (to b	e used f	or future annual report n	otification)	

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

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	NCIPAL OFFICE		
MATTER TO THE	Principal street address	Mailing addre	ess, if different is:
1212 Lincoln Road su	ite 206	11 W 20th Street	
Miami Beach Fl 331	45	New York, Ny 10011	
The corporation elects	FIT STATEMENT AND BUSINESS so be a benefit corporation in accord the corporation is organized is to crupa services	ance with s. 607.603, F.S.	
The general and/or sp follows (optional):	ecific public benefit(s) to be created b	by the corporation (in addition to its ger	neral purpose) is/are as
			- <u></u>
			<i>I</i> → 2;
			JAN
			JAN -5 AHASSE
			ASSEE
ARTICLE IV SHA The number of shares	IRES of stock is:		ASSET
The number of shares	of stock is:	NEFIT DIRECTOR AND BENEFIT O	ANT OF JULY
The number of shares ARTICLE V INIT	of stock is: TIAL OFFICERS, DIRECTORS, BEI Thomas Fizner - CEO	-	ASSET FLORID: 12 FFICER (if Applicable)
The number of shares	of stock is: TIAL OFFICERS, DIRECTORS, BEI Thomas Elzner - CEO 1651 SW 13th Street	NEFIT DIRECTOR AND BENEFIT O	ASSET FLORID: 12 FFICER (if Applicable)
The number of shares ARTICLE V INIT Name and Ti	of stock is: TIAL OFFICERS, DIRECTORS, BEI Thomas Elzner - CEO 1651 SW 13th Street	NEFIT DIRECTOR AND BENEFIT O	ASSET FLORID: 12 FFICER (if Applicable)
The number of shares ARTICLE V INIT Name and Ti	of stock is: FIAL OFFICERS, DIRECTORS, BEI Thomas Elzner - CEO 1651 SW 13th Street	NEFIT DIRECTOR AND BENEFIT O Name and Title: Address:	ASSET FLORID: 12 FFICER (if Applicable)
The number of shares ARTICLE V INIT Name and Ti Address	of stock is: TIAL OFFICERS, DIRECTORS, BEI itle: 1651 SW 13th Street Miami, Fl 33145	NEFIT DIRECTOR AND BENEFIT O Name and Title: Address:	ASSET: FLORID: 12 FFICER (if Applicable)

Name	and Title:	Name and Title:		
Addro	ess	Address:		
If app	licable, BENEFIT DIRECTOR:	If applicable, BENEFIT OFFICER:		
Name	:	Name:		
Addro	ess	Address:		
IRTICLE VI	REGISTERED AGENT			
he <u>name and</u>	Florida street address (P.O. Box NOT acce	ptable) of the registered agent is:		
Vame:	Corporation Service Company			
Address:	1201 Hays St			
	Tallahassee FL 32301			
RTICLE VII	I INCORPORATOR			
he <u>name and</u>	address of the Incorporator is:			
Name:	Katie Werbowski			
Address:	11 W 20th St			
	NY NY 10011			
<u>RTICLE VII</u>	II ADDITIONAL QUALIFICATIONS OF	BENEFIT DIRECTOR, IF ANY:		
	amend on manistanced quantity apparent variation of	process for the above stated corporation at the place designated in this		
		s registered agent and agree to act in this capacity		
	Eylima Onhor	01/05/23		
	Required Signature/Registered A	gent Date		
	document and affirm that the facts stated he performent of State constitutes a third deg	erein are true. I am aware that the false information submitted in a ree felony as provided for in s.817.155, F.S.		
M	h-WWY/	1/2/23		
equired Sign	ature/Incorporator	Date		