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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : HUBCO
Account Number : 104662003400
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Fax Number : (516)935-3088

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Email Address: OFFICE@NICKACPA.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
YESSKIN INC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: YESSKIN INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
467 CYPRESS STREET
TARPON SPRINGS, FL 34689Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY LEGAL OR LAWFUL PURPOSE

_____**ARTICLE IV SHARES**The number of shares of stock is: 1,500 at No Par Value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: KATARZYNA MISZTAL - PRESIDENT/DIRECTOR Name and Title: _____Address 467 CYPRESS STREET Address: _____
TARPON SPRINGS, FL 34689 _____Name and Title: ALEXANDER FLASINSKI - DIRECTOR Name and Title: _____Address 467 CYPRESS STREET Address: _____
TARPON SPRINGS, FL 34689 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: ALEXANDER FLASINSKI
Address: 467 CYPRESS STREET
TARPON SPRINGS, FL 34689

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: KATARZYNA MISZTAL
Address: 467 CYPRESS STREET
TARPON SPRINGS, FL 34689

2023 OCT -2 AM 8:26

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 **ALEXANDER FLASINSKI**

September 29, 2023

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 **KATARZYNA MISZTAL**

September 29, 2023

Date

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