

TRANSMITTAL LETTER

P98000065907

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

800002598018-8
-07/24/98-01082-022
****131.25 ****131.25

SUBJECT: Therapeutic Skin Care of Naples, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Lynn Marie Makely
Name (Printed or typed)
2093 Imperial Circle
Address
Naples, Florida 34110
City, State & Zip
(941) 513-0177
Daytime Telephone number

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

98 JUL 24 AM 9:50

FILED

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

②
8-2-98
MWH

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Therapeutic Skin Care of Naples, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

c/o Hair 'N Now, Inc.

89 9th Street South Naples FL 34102

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Lynn M. Makely
2093 Imperial Circle
Naples, Florida 34110

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Lynn Marie Makely
2093 Imperial Circle
Naples Florida 34110

Lynn M. Makely
Signature/Incorporator

July 20, 1998
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Lynn M. Makely
Signature/Registered Agent

July 20, 1998
Date

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TALLAHASSEE, FLORIDA