

OFFICE USE ONLY (Document #)

**98000105163**

**ILZARUS CORPORATE FILING SERVICE, INC.**

(Requestor's Name)

**3320 S.W. 87th AVENUE**

(Address)

**MIAMI, FLORIDA (305)552-5973**

(City, State, Zip) (Phone #)

**LOCAL REPRESENTATIVE TALLAHASSEE**

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. **B MITCHELL SKIN & BODY CARE, INC.**  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

200002715680  
12/18/98 04037-028  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

- Walk in
- Pick up time 20
- Mail out
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

FILED  
98 DEC 18 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DEC 18 AM 10  
CORPORATION

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input checked="" type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*2/18*

Examiner's Initials

**TRANSMITTAL LETTER**

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

**SUBJECT: B'MITCHELL SKIN & BODY CARE, INC.**

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

\_\_\_\_\_ \$70.00  
Filing Fee

  x   \$78.75  
Filing Fee &  
Certificate

\_\_\_\_\_ \$122.50  
Filing Fee &  
Certified Copy

\_\_\_\_\_ \$131.25  
Filing Fee &  
Certified Copy &  
Certificate

**RETURN TO:**

**ABY PARALEGAL, INC  
13780 S.W. 56TH ST #100  
MIAMI, FL 33175  
305-388-5050**

**ARTICLES OF INCORPORATION**

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be:

**B'MITCHELL SKIN & BODY CARE, INC**

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TALLAHASSEE FLORIDA

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**ARTICLE II PRINCIPAL OFFICE**

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

**83 MERRICK WAY  
CORAL GABLES, FL 33134**

**ARTICLE III SHARES**

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

**1000 SHARES AT NO PAR VALUE**

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name of the initial regised agent is :

**BETTY L. ROSENDO  
7260 S.W. 119 CT  
MIAMI, FL 33183**

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**PRESIDENT**

**BETTY L. ROSENDO  
7260 S.W. 119 CT  
MIAMI, FL 33183**

**The undersigned incorporator has executed these Articles of Incorporation  
this 17th day of December 1998**

  
\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

B'MITCHELL SKIN & BODY CARE, INC.

2. The name and address of the registered agent and office is:

BETTY L. ROSENDO  
7260 S.W. 119 CT  
MIAMI, FLORIDA 33183

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Betty L. Rosendo  
Signature

7260 SW 119 ct  
33183-  
\_\_\_\_\_