

OFFICE USE ONLY (Document #)

LEZARUS 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 #)

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12/18/98 01037-028
*****78.75 *****78.75

☒ Walk in

☒ Pick up time

20

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| 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 type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

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

200002715682

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

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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TALLAHASSEE FLORIDA**

Betty L. Rosendo
Signature

7260 SW 119 ct
33183-
