

P99000081471

TRANSMITTAL LETTER

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

500002980625--9  
-09/08/99-01046--009  
\*\*\*\*\*73.00 \*\*\*\*\*73.00

SUBJECT:

FACE IT SKINCARE/MAKE-UP, 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 of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM:

GINETTE ORTOL

Name (Printed or typed)

4551 N.W. 41<sup>ST</sup> CT.

Address

FORT LAUDERDALE, FLORIDA 33319

City, State & Zip

(954) 739-5172

Daytime Telephone number

FILED  
99 SEP -8 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FL 09071

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

9-15  
UP

## 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:

Face It Skincare/Make-up, Inc.

### ARTICLE II      PRINCIPAL OFFICE

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

4551 NW 41<sup>st</sup> Court  
Lauderdale Lakes, FL 33319

### ARTICLE III      SHARES

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

Two Hundred (200) shares

### ARTICLE IV      INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Ginette Oriol  
4551 NW 41<sup>st</sup> Court  
Lauderdale Lakes, FL 33319

### ARTICLE V      INCORPORATOR

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

Ginette Oriol  
4551 NW 41<sup>st</sup> Court  
Lauderdale Lakes, FL 33319

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Signature/ Registered Agent

  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA