

PO7000054941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

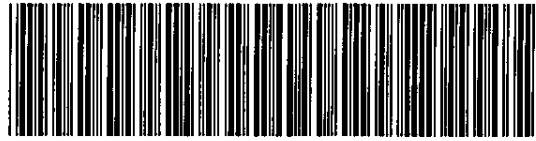
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAY - 7 PM 4:54

COVER LETTER

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAY -7 PM 4:54

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

SUBJECT: Ocean Mist Cosmetics, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Bennie E. Finlay

Name (Printed or typed)

7153 Nicholson Drive

Address

Molino, Fl. 32577

City, State & Zip

850-587-2662

Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

Ocean Mist Cosmetics, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7153 Nicholson Drive
Molino, Fl 32577

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Erthen Natural Cosmetic sales and all other business legal in the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 with a par value of \$0.01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Bennie E. Finlay, 7153 Nicholson Dr. Molino, Fl 32577, Chairman
Leah C. Finlay, 7153 Nicholson Dr. Molino, Fl 32577, Director
Deborah L. Smith, 7151 Nicholson Dr. Molino, Fl 32577, Director
Brendal C. Finlay, P.O. box 635, Fl 32560, Secretary/Treasurer
Eloise Hickson, 7153 Nicholson Dr. Molino, Fl 32577, Director

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Eloise Hickson, 7153 Nicholson Dr. Molino, Fl 32577

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bennie E. Finlay, 7153 Nicholson Dr. Molino, Fl 32577

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

Eloise Hickson
Signature/Registered Agent

5-4-07
Date

Bennie E. Finlay
Signature/Incorporator

05/04/07
Date