

F 11 000 004832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

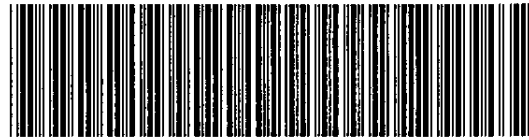
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2011 DEC -1 PM 4: 24

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T. Burch DEC 2 2011

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LACERNA AESTHETIC REJUVENATION, Incorporated
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

REBECCA J. MILLER
Name of Person

CORP911, INC.
Firm/Company

3501 W. BURBANK BL
Address

BURBANK, CA 91505
City/State and Zip code

rebecca@corp911.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REBECCA J. MILLER at (818) 478 1681
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

\$70.00 Filing Fee

\$78.75 Filing Fee &
Certificate of Status

\$78.75 Filing Fee &
Certified Copy

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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. LACERNA AESTHETIC REJUVENATION, INCORPORATED

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CALIFORNIA

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 12/18/2009

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1801 SOLAR DR., #150, OXNARD, CA 93030

(Principal office address)

1801 SOLAR DR., #150, OXNARD, CA 93030

(Current mailing address)

8. MEDICAL CORPORATION

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MELINDA LACERNA

Office Address: 219 N 18TH STREET WEST

BRADENTON

(City)

, Florida 34205

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

11-18-11

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: MELINDA LACERNA

Address: 219 N. 18TH STREET WEST
BRADENTON, FL 34205

Vice Chairman: _____

Address: _____

Director: MELINDA LACERNA

Address: 219 N. 18TH STREET WEST
BRADENTON, FL 34205

Director: _____

Address: _____

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B. OFFICERS

President: MELINDA LACERNA

Address: 219 N. 18TH STREET WEST
BRADENTON, FL 34205

Vice President: _____

Address: _____

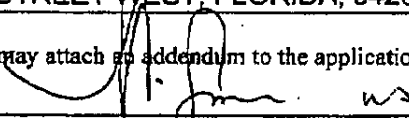
Secretary: MELINDA LACERNA

Address: 219 N. 18TH STREET WEST, FLORIDA, 34205

Treasurer: MELINDA LACERNA

Address: 219 N. 18TH STREET WEST, FLORIDA, 34205

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. MELINDA LACERNA, DIRECTOR
(Typed or printed name and capacity of person signing application)

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

LACERNA AESTHETIC REJUVENATION, INCORPORATED

FILE NUMBER: C3265008
FORMATION DATE: 12/18/2009
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of November 22, 2011.

Debra Bowen

DEBRA BOWEN
Secretary of State