





CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 834112 7376326

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : August 4, 2004

ORDER TIME : 11:44 AM

ORDER NO. : 834112-005

CUSTOMER NO: 7376326

CUSTOMER:

Timothy K. Mariani, Attorney
At Law
Suite B, Jordan Hills
Professional Centre 1550 South
Clearwater, FL 33756

DOMESTIC FILING

NAME: SKINOVATIONS, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

FILED
04 AUG -4 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
EFFECTIVE DATE
8/3/04

EFFECTIVE DATE
8/3/04

FILED
04-AUG-4 PM 2:31
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
SKINOVATIONS, LLC**

I hereby file these Articles of Organization as an authorized representative of a member of the limited liability company to be formed pursuant to these Articles of Organization and the laws of the State of Florida.

**ARTICLE I
NAME**

The name of the limited liability company to be formed hereunder is

"SKINOVATIONS, LLC"

**ARTICLE II
DATE OF EXISTENCE AND PERIOD OF DURATION**

This limited liability company shall begin existence effective the 3rd day of ^{August} ~~July~~, 2004, and shall continue in perpetuity, unless sooner terminated in accordance with the Operating Agreement and any Regulations adopted by the members (collectively the "Operating Agreement").

**ARTICLE III
PURPOSES**

The purpose of the limited liability company is to engage in any lawful activities mutually agreeable to the Members.

**ARTICLE IV
POWERS**

The limited liability company shall have the power to take any and all lawful actions necessary, appropriate, proper, advisable, incidental or convenient to or for the furtherance of its purposes.

**ARTICLE V
MAILING ADDRESS AND PLACE OF BUSINESS**

The mailing address and street address of the principal office of the limited liability company are: 869 Cypress Cove Way, Tarpon Springs, Florida 34688.


ARTICLE VI
MANAGEMENT

The limited liability company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ARTICLE VII
REGISTERED OFFICE AND REGISTERED AGENT

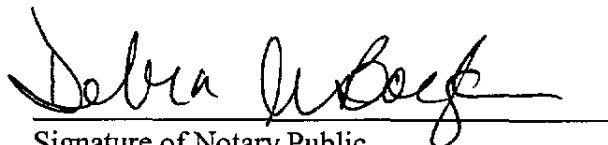
The street address of the limited liability company's initial registered office in Florida is 869 Cypress Cove Way, Tarpon Springs, Florida 34688 and the name of its initial Registered Agent is Lauri Patteri.

IN WITNESS THEREOF, the undersigned has executed these Articles of Organization this 3rd day of August, 2004.


Lauri Patteri, Authorized Representative

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 3rd day of August, 2004, by Lauri Patteri, as the authorized representative of the members of SKINOVATIONS, LLC, as her free act and deed for the uses and purposes therein stated. Such person is personally known to me.


Signature of Notary Public
Notary Public - State of Florida
My Commission Expires:



Debra A. Borgh
MY COMMISSION # CC994779 EXPIRES
January 30, 2005
BONDED THRU TROY FAIN INSURANCE, INC

ACCEPTANCE BY REGISTERED AGENT

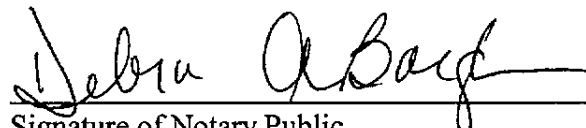
Having been appointed the Registered Agent of SKINOVATIONS, LLC, the undersigned accepts such an appointment, agrees to act in such capacity and accepts the obligations proposed by Florida Statutes Section 608.415 and is herewith simultaneously designated as Registered Agent.

Signed this 3rd day of August, 2004.


Lauri Patteri, Registered Agent

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 3rd day of August, 2004, by Lauri Patteri, as Registered Agent for SKINOVATIONS, LLC, as her free act and deed for the uses and purposes therein stated. Such person is personally known to me.


Signature of Notary Public
Notary Public - State of Florida
My Commission Expires:



Debra A. Borgh
MY COMMISSION # CC994779 EXPIRES
January 30, 2005
BONDED THRU TROY FAIR INSURANCE, INC.