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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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TRANSMITTAL LETTER

2005 JUN 21 P 2: 4

SECRETARY OF STATE TALLAHASSEE, FLORID

Registration Section
Division of Corporations

TO:

SUBJECT: BOCA SLEEK MEDSPA LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

	FRED HARRISON
	(Name of Person)
	Sleek MedSpa
	(Firm/Company)
	311 Centre St.
	(Address)
	NEWTON MA 02458
	(City/State and Zip Code)

For further information concerning this matter, please call:

FRED HARMSON	at (617) 421-9500
(Name of Person)	(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

Z	425.00 Filing Fee	\$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	☐ \$160.00 Filing Fee, Certificate
		Certificate of St	tatus Certified Copy	of Status & Certified Cop

Sleek Inc.
 311 Centre Street
 Newton, MA 02458
 Tel 617- 630-2000
 Fax 617- 630-0110



FILED

2005 JUN 21 P 2: 48

SECRETARY OF STATE TALLAHASSEE, FLORID:

Fax

To: Floride Divy Con	poretimesom: Andrew Luchick
Attn:	
Fax:	Pages:
Phone:	Date: 6-16-0>
Re: Boca Sleek Med Spa L	cc:
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- Traomittal L	effer
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800, SLEEK. USA

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO

TRANSACT BUSINESS IN FLORIDA

SECRETARY OF STATE
TALLAHASSEE FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: BOCA SUBER MED SPA LLC
(Name of Foreign Limited Liability Company) (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) company is organized) (Date of Organization) (Duration. Year limited liability company will cease to exist or "perpetual") Date first transacted business in Florida, if prior to registration.) (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Andrew Rudnick Sleek Realty Inc 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Awanced skin care, laser hair removel Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FILED

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, PLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN 1HE STATE OF FLORIDA.

2005 JUN 21 P 2: SECRETARY OF STA

TALLAHASSEE, FLOI

1. The name of the Limited Liability Company is:

BOCA SLEEK MEDSPA LLC

2. The name and the Florida street address of the registered agent and office are:

Agents and Corporations, Inc.
(Name)

Suite E, 773 4th Arc. North

Morida Birest Address (P.O. BOX NOT ACCEPTABLE)

Naples FL City/State/Zip

Elaving been named as registered agent and to accept survive of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act to 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 as provided for in Chapter 608, Florida Stanges.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

William Francis Galvin Secretary of the Commonwealth

May 19, 2005

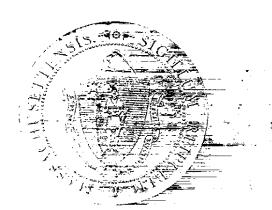
TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

BOCA SLEEK MEDSPA, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on April 22, 2005.

I further certify that no amendment to said certificate of organization has been filed; that, said Limited Liability Company has not filed a certificate of cancellation; and that, so far as appears of record, said Limited Liability Company has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth