CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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800003412298 Inc. -10/03/00--01018--019 ******78.75 *****78.75 Art of Inc. File LTD Partnership File_ Foreign Corp. File_ L.C. File Fictitious Name File_ Trade/Service Mark_ Merger File Art. of Amend. File RA Resignation_ Dissolution / Withdrawal Annual Report / Reinstatements Cert. Copy_ Photo Copy_ <u>ن</u> 57 Certificate of Good Standing Certificate of Status_ Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Fictitious Owner Search Signature Vehicle Search Driving Record_ UCC 1 or 3 File_ Requested by: UCC 11 Search_ Name Date UCC 11 Retrieval Will Pick Up Courier_ Walk-In

ARTICLES OF INCORPORATION OF SMOOTHTOUCH PERSONAL AESTHETICS, INC.

ARTICLE I-NAME

The name of the corporation shall be: SmoothTouch Personal Aesthetics, Inc.

ARTICLE II-PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 710 East Michigan Street, #61, Orlando, FL 32806.

ARTICLE III-PURPOSE(S)

The specific purpose(s) for which the corporation is organized are:

To provide aesthetic personal services and any other purpose in which corporations can engage which is lawful in the State of Florida.

ARTICLE IV-MANNER OF ELECTION OF OFFICERS

The manner is which the directors are elected or appointed is:

Directors shall initially be appointed by the incorporator and subsequently elected by the general membership on an annual basis.

ARTICLE V-INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Michael J. Aruta, M.D., 710 East Michigan Street, #61, Orlando, FL 32806.

ARTICLE VI-INCORPORATOR

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

Michael J. Aruta, M.D., 710 East Michigan Street, #61, Orlando, FL 32806.

M/W 9/27/2000 Signature of Incorporator Date

ACCEPTANCE OF DESIGNATION OF RESIDENT AGENT

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 that capacity. I further agree to comply with the provisions of all statutes relating to the power and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

9(23/00 Date

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SECRETARY OF STATE
TALLAHASSEE FI ONE