

TRANSMITTAL LETTER

P000000009291

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

500003106725--4
-01/21/00--01089-010
*****78.75 *****78.75

SUBJECT: ARTICLE I NAME
The name of the corporation shall be:

Anatomically Correct Cosmetic Restoration\$, Inc

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN 21 PM 2:47

FILED

Enclosed is 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: Alton M. Saunders
Name (Printed or typed)

410 North Street Suite #146
Address

Longwood FL 32750
City, State & Zip

(407) 592-7852
Daytime Telephone number

F. CHESNEY

JAN 27 1999

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

4-2-002

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Anatomically Correct Cosmetic Restorations, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

410 North Street Suite #146 Longwood FL 32750

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Alton M. Saunders
418 Seville Avenue
Altamonte Springs, FL 32714

ARTICLE V INCORPORATOR

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

Alton M. Saunders
418 Seville Avenue
Altamonte Springs FL 32714



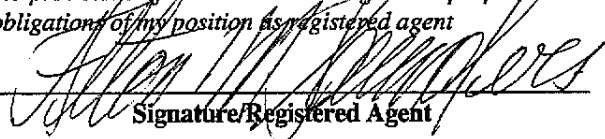
Signature/Incorporator

1/19/00

Date

(An additional article must be added if an effective date is requested.)

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 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



Signature/Registered Agent

1/19/00

Date

FILED
00 JAN 21 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA