

OFFICE USE ONLY (Document #)

## LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MY COLLAGEN AND BEAUTY INC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

900003433379--0

-10/20/00-01038-002

\*\*\*\*\*78.75 \*\*\*\*\*78.75

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

00 OCT 20 AM 10:37

RECEIVED  
DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE

Examiner's Initials

## ARTICLES OF INCORPORATION

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

### ARTICLE I

The name of the corporation shall be: MY COLLAGEN AND BEAUTY INC.

### ARTICLE II

The principal place of business and mailing address of this corporation is: 3561 Sw. 117 Ave. Suite 210, Miami, Florida, 33175.

### ARTICLE III

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

Number of Shares	Par Value Per Share	Class of Stock
7500	\$10.00	Common

### ARTICLES IV

The name and address of the initial registered agent is: Jimmy Vivas  
3561 Sw. 117 Ave. Suite 210, Miami, Florida, 33175.

### ARTICLES V

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

Name	Address
Jimmy Vivas	3561 Sw 117 Ave. Suite 210 Miami, Fl. 33175

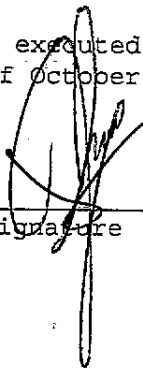
FILED  
00 OCT 20 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE VI

The number of directors constituting the initial board of directors of the corporation shall be the number of person whose name are set forth below. The name and address of each member of the initial board of directors of the corporation who shall hold office until the first annual meeting of shareholders and his successor shall have been elected and qualified or until his earlier resignation, removal from office, or death, is:

Name	Addresss
Jimmy Vivas	3561 Sw. 117 Ave. Suite 210 Miami, Fl. 33175
Ramses Vivas	3561 Sw. 117 Ave. Suite 210 Miami, Fl. 33175
Hania Vivas	3561 Sw. 117 Ave. Suite 210 Miami, Fl. 33175
Guadalupe Mendez	3561 Sw. 117 Ave. Suite 210 Miami, Fl. 33175

The undersigned incorporator has executed these Articles of Incorporation this Twenty days of October 2000.

  
\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: MY COLLAGEN AND BEAUTY INC.
2. The name and address of the registered agent and office is: Jimmy Vivas, 3561 Sw. 117 Ave. Suite 210, Miami, Florida, 33175.

HAS 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 \_\_\_\_\_

DATE

October 20, 2000

**FILED**  
00 OCT 20 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA