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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

: (850)922-4001 Fax Number

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)541-3694

: (305)541-3770 Fax Number

FLORIDA PROFIT CORPORATION OR P.A.

THE SESTHETICS INSTITUTE, INC.

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 7, 2000

EMPIRE

SUBJECT: THE SESTHETICS INSTITUTE, INC.

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ARTICLES OF INCORPORATION

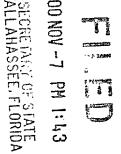
OF

These Articles are in compliance with Chapter 607, F.S.

ARTICLE I

The name of this corporation shall be:

The Aesthetics Institute, Inc.



ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business and mailing address of this corporation shall be: 1960 N.E. 47th Street, Ft. Laud., FL 33308

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 100 shares having an individual par value of \$ 1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: Ronald M. Emanuel

3001 Ponce de Leon Blvd. # 262

Coral Gables, FL 33134

ARTICLE VII

The initial board of Directors shall consist of a total of I person(s) and the name and address of the person(s) who are to serve as an initial director(s) is(are):

D./ Paul Wigoda 1960 N.E. 47th St. Ft. Laud., FL 33308

ARTICLE VIII

The name and address of the incorporator executing these Articles of

Incorporation is:

Paul Wigoda.

1960 N.E. 47th 5t.

Ft. Laud., FL 33308

The undersigned has executed these Articles of Incorporation this 1 day of

Nov. ,20 00 .

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Remold M Evenne

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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 L AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

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SECRETARY OF STATE
AND AHASSEE, FLORID

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