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Florida Department of State

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

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : AFFORDABLE PARALEGAL, FT. LAUDERDALE

Account Number: I20000000264
Phone: (954)565-9929
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FLORIDA PROFIT CORPORATION OR P.A.

Skin Solutions, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

DIVISION OF CORPORATIONS

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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:

Skin Solutions, Inc.

PRINCIPAL OFFICE ARTICLE II

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

2900 SW 22nd Circle, # 22A1

Delray Beach, FL 33445

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 1000 shares

ARTICLE IV DIRECTORS

The number of directors constituting the initial board of directors is one(1), and the name and address of the person or persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and qualified are:

Francene Michelle Costa 2900 SW 22nd Circle, # 22A1 Deiray Beach, FL 33445

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

Francene Michelle Costa 2900 SW 22nd Circle, # 22A1

Delray Beach, FL 33445

ARTICLE VI INCORPORATOR

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

Francene Michelle Costa

2900 SW 22nd Circle, # 22A1

Deiray Beach, FL 33445

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

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