

PO10000028249

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000028070 0)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)922-4001

From: Account Name : BERRIZ & GIRALDO P.A.
Account Number : 11999000017
Phone : (305)485-9300
Fax Number : (305)485-1098

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAR 19 AM 8:20

FILED

FLORIDA PROFIT CORPORATION OR P.A.

SALUD Y BELLEZA, INC.
Mar 19

Table with 2 columns: Field Name, Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (05), and Estimated Charge (\$78.75).

B. McKnight MAR 20 2001

401000028070 0
ARTICLES OF INCORPORATION

OF

SALUD Y BELLEZA, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

SALUD Y BELLEZA, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
To have perpetual succession by its corporate

name:

XIMENA LENDOLA
4080 SW 84 AV.
Miami, FL 33155
305-4859300

SALUD Y BELLEZA, INC.
401000028070 0

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

01 MAR 19 11 8:20

FILED

H01000028070 0
ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

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.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**ALBA S CIVALE
8911 COLLINS AVE #702
SURFSIDE, FL. 33154**

The principal office shall be:

**8911 COLLINS AVE #702
SURFSIDE, FL. 33154**

H01000028070 0

H 01000028070 0
ARTICLE VI

The initial Board of Directors shall consist of a total of TWO(02) person,
and the name and address of the person who is to serve as an initial director is:

ALBA S CIVALE
8911 COLLINS AVE #702
SURFSIDE, FL. 33154

PRESIDENT

ALBERTO O CIVALE
8911 COLLINS AVE #702
SURFSIDE, FL. 33154

VICEPRESIDENT

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

ALBA S CIVALE
8911 COLLINS AVE #702
SURFSIDE, FL. 33154

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed
these Articles of Incorporation this 17 day of MARCH , 2001

Alba S. CIVALE
ALBA S CIVALE

H 010000280700

H010000280700

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

Pursuant to the provision 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:

SALUD Y BELLEZA, INC.

2. The Name and Address of the registered agent and office is

**ALBA S CIVALE
8911 COLLINS AVE #702
SURFSIDE, FL. 33154**

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. ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Alba S. Civalle

Dated: MARCH 17, 2001

H010000280700

FILED
01 MAR 19 AM 8:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA