

Division of Corporations

Page 1 of 2

**P01000052297****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.**

(((H01000068488 5)))

**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) 205-0381

**From:**

Account Name : R &amp; R ACCOUNTING &amp; TAX SERVICES, INC.

Account Number : 071324000655

Phone : (305) 541-0790

Fax Number : (305) 541-4015

**FLORIDA PROFIT CORPORATION OR P.A.****Gables Smile Skin Care, Inc.**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

**FILED**  
01 MAY 24 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**B. McKnight MAY 25 2001**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 24, 2001

R & R ACCOUNTING

SUBJECT: GABLES SMILE SKIN CARE, INC.  
REF: W01000011859

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent and street address must be consistent wherever it appears in your document.

If you have any further questions concerning your document, please call (850) 487-6067.

Neysa Culligan  
Document Specialist  
New Filing Section

FAX Aud. #: H01000068488  
Letter Number: 101A00032056

4010000684885

# ARTICLES OF INCORPORATION OF

Gables Smile Skin Care, Inc.

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

## ARTICLE I NAME

The name of the corporation shall be:

Gables Smile Skin Care, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

401 Miracle Miles  
Suite 109  
Coral Gables, FL 33134

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any time is: 500 shares of common stock at \$1.00 par value

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Silvia E. Tobon  
401 Miracle Miles  
Suite 109  
Coral Gables, FL 33134

FILED  
01 MAY 24 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PREPARED BY:  
SILVIA E. TOBON  
401 MIRACLE MILES  
SUITE 109  
CORAL GABLES, FL 33134

4010000684885

H010000684885

**ARTICLE V INCORPORATOR(S)**

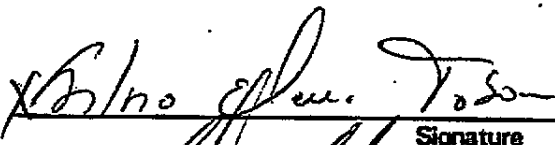
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):


President Silvia E. Tobon  
4225 S.W. 10th St.  
Coral Gables, FL 33134

Vice-President Elias Tobon  
4225 S.W. 10<sup>th</sup> St.  
Coral Gables, FL 33134

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this:

Date: 10th day of May, 2001

X  \_\_\_\_\_  
Signature

X  \_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

H010000684885

H010000684885

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

PERSUANT TO THE PROVISIONS OF SECTION 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.

The name of the corporation is: Gables Smile Skin Care, Inc.

2. The name and address of the registered agent and office is:

Silvia E. Tobon

(Name)

401 Miracle Miles Suite 109

(P. O. Box not acceptable)

Coral Gables, FL 33134

(City/State/Zip)

*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)

FILED  
01 MAY 24 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H010000684885