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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Florida Department of State**  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 205-0381

**From:**

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**

**INSTITUTO INTEGRAL DE BELLEZA INC.**

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

**CERTIFICATE OF INCORPORATION**  
**OF**

**INSTITUTO INTEGRAL DE BELLEZA INC.**

I, the undersigned, in order to form a corporation under a pursuant to the provisions of the laws of the State of Florida for the purposes hereafter set forth, hereby subscribe to this Certificate of Incorporation.

**ARTICLE I**  
**NAME OF CORPORATION**

The name of the proposed corporation shall be:

**INSTITUTO INTEGRAL DE BELLEZA INC.**

**ARTICLE II**  
**NATURE OF BUSINESS**

The general nature of the business to be transacted by this corporation shall be any activity permitted under the laws of the State of Florida.

**ARTICLE III**  
**CAPITAL STOCK**

The maximum number of shares of stock that the corporation is authorized to have outstanding at any one time is 500 shares at no par value.

**ARTICLE IV  
TERM OF EXISTANCE**

This corporation is to exist perpetually.

**ARTICLE V  
PRINCIPAL PLACE OF BUSINESS**

The initial street address in this state of the principal office of this corporation is 10540 NW 26<sup>TH</sup> ST SUITE 103, MIAMI, FL 33172. The board of directors may, from time to time, move the principal office to any other address in Florida.

**ARTICLE VI  
DIRECTORS**

This corporation shall have initially three directors. The number of director(s) may increased or diminished from time to time by laws adopted by the stockholders.

**ARTICLE VII  
INITIAL DIRECTORS**

The name and address of the member(s) of the first board of director(s) is:

President: **SYLVIA GOYES**  
1101 BRICKELL AVE. N. TOWER SUITE 500  
MIAMI, FL 33131

Vice-President: **SARA ALVAREZ**  
1101 BRICKELL AVE. N. TOWER SUITE 500  
MIAMI, FL 33131

Treasurer, Secretary **RAMON LLAURADO**  
10540 NW 26<sup>TH</sup> ST STE 103  
MIAMI, FL 33172

**ARTICLE VIII  
INCORPORATOR**

The name of the person signing these Articles of Incorporation as the incorporator is RAMON LLAURADO.

**ARTICLE IX  
REGISTERED AGENT**

The initial designation of the registered office of this corporation shall be 10540 NW 26<sup>TH</sup> ST SUITE 103, MIAMI, FL 33172.

And the registered agent shall be:

RAMON LLAURADO

Pursuant to Florida Statutes Section 607.164, having been named to accept process for the above stated corporation, at the place designed in these Articles of Incorporation, I hereby Accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By:

  
Registered Agent

**ARTICLE X  
AMENDMENT**

This corporation reserves the right to amend any provision of this Articles of Incorporation in the manner provided by law. Any rights conferred upon shareholders shall be subject to this reservation.

IN WITNESS WHEREOF, The undersigned has execute, acknowledged and filed the foregoing Articles of Incorporation under that laws of the State of Florida this June 28, 2001.

  
Incorporator

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

Pursuant to the provision of section 607.0501, Florida Statutes, the Undersigned Corporation organized under the laws of the State of Florida submits the following statement in designation the registered office/registered agent, in the state of Florida.

1. The name of the corporation is INSTITUTO INTEGRAL DE BELLEZA INC.
2. The name and address of the registered agent and office is:  
RAMON LLAURADO, 10540 NW 26<sup>TH</sup> ST SUITE 103, MIAMI FL 33172.

SIGNATURE

TITLE



Secretary-Treasurer

DATE: JUNE 28, 2001

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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. THE FURTHER AGREED TO APPLY WITH THE PROVISION OF ALL ATATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE  
DATE

*N. Hernandez*  
June 28, 2001

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