

P018000074813

DATE
JULY, 25/2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: LAS VEGAS, AESTHETIC CENTER, INC., Inc.
(Name of Corporation)

900004502169--9
-07/27/01--01056--007
*****78.75 *****78.75

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$ 78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Patricia Ocampo
(Individual's Name)

FILED
01 JUL 27 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAS VEGAS, AESTHETIC CENTER, INC.
(Name of Corporation)

MAILING ADDRESS OF CORPORATION		
LAS VEGAS, AESTHETIC CENTER, INC.		
6742 Forest Hill Blvd (179)		
West Palm Beach, FL 33413		
PHONE		
(561)	3174435	
Area Code	Number	Ext.

7-30-01
HCC

ARTICLES OF INCORPORATION

of

LAS VEGAS, AESTHETIC CENTER, INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

LAS VEGAS, AESTHETIC CENTER, INC.

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TALLAHASSEE, FLORIDA

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ ONE (1) per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS		
6742 FOREST HILL BLVD # 179		
CITY WEST PALM BEACH	FLORIDA	ZIP 33413
Mailing address, if different		
STREET ADDRESS		
6742 FOREST HILL BLVD # 179		
CITY WEST PALM BEACH	FLORIDA	ZIP 33413

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME PATRICIA OCAMPO		
ADDRESS 6742 FOREST HILL BLVD # 179		
CITY WEST PALM BEACH	FLORIDA	ZIP 33409 33413

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have 1 (ONE) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME PATRICIA OCAMPO		
ADDRESS 6247 FOREST HILL BLVD, # 179		
CITY WEST PALM BEACH	STATE FLORIDA	ZIP 33413
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME PATRICIA OCAMPO		
ADDRESS 6742 FOREST HILL BLVD # 179		
CITY WEST PALM BEACH	STATE FLORIDA	ZIP 33413
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 25
day of JULY, 192001.

PATRICIA OCAMPO (Signature)

_____ (Signature)

_____ (Signature)

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

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01 JUL 27 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAS VEGAS, AESTHETIC CENTER, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 6742 FOREST HILL BLVD # 179

WEST PALM BEACH, FLORIDA 33413

has named PATRICIA OCAMPO

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

PATRICIA OCAMPO

(Signature)

PATRICIA OCAMPO

07/25/2001

(Date)