

TRANSMITTAL LETTER

PO10000085979

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

COSMETICA, INC

SUBJECT:

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500004562445-4

-08/29/01--01082--001

*****87.50 *****87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Richard Arabitg, M.D.
Name (Printed or typed)

6629 Bouganvilla Crescent Dr.
Address

Orlando, Fl. 32809
City, State & Zip

(407) 423-1116
Daytime Telephone number

01 AUG 29 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOTE: Please provide the original and one copy of the articles.

Ps 8/30/01

FILED

01 AUG 29 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF:
COSMETICA, INC.

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: COSMETICA, INC..

ARTICLE II PRINCIPAL PLACE OF BUSINESS

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

6629 BOUGANVILLA CRESCENT DR
ORLANDO, FL 32809

ARTICLE III CAPITAL STOCK

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

500 SHARES OF COMMON STOCK AT ONE DOLLAR (\$1.00) PAR VALUE

ARTICLE IV NATURE OF BUSINESS

The general nature of the business to be transacted by this Corporation is:

CENTER FOR COMETIC, AND RECONSTRUCTIVE SURGERY PROVIDING CASE MANAGEMENT, TREATMENT, AND FOLLOW UP CARE OF INDIVIDUALS AND FAMILIES NECESSITATING GENERAL SURGERY, COSMETIC SURGERY, AND RECONSTRUCTIVE SURGERY, AS WELL AS COSMETICS, BEAUTY CARE, SKIN CARE HAIR CARE, DERMATOLOGICAL CARE, AND ALL SUPPORTING SERVICES NECESSARY RELATED TO ABOVE HEALTH CARE. ADDITIONALLY, THIS CORPORATION MAY, AND IS AUTHORIZED TO, ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND OF THE STATE OF FLORIDA

ARTICLE V THE INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RICHARD ARABITG, MD
6629 BOUGANVILLA CRESCENT, DR
ORLANDO, FL 32809

ARTICLE VI INITIAL BOARD OF DIRECTORS

This corporation shall have one director initially. The number of directors may be either increased or diminished from time to time, but shall never be less than one. The name And addresses of the initial director of this corporation is:

RICHARD ARABITG, MD
6629 BOUGANVILLA CRESCENT, DR
ORLANDO, FL 32809

Who shall be the initial director, president, secretary and treasurer.

ARTICLE VII TERMS OF EXISTENCE

The effective date upon which this Corporation shall come into existence shall be the date of the filing of these Articles of Incorporation, and it shall exist perpetually thereafter unless dissolved according to law.

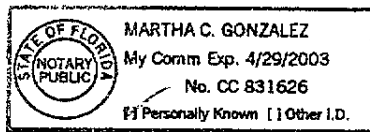
ARTICLE VIII -- INCORPORATORS

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

RICHARD ARABITG, MD
6629 BOUGANVILLA CRESCENT, DR
ORLANDO, FL 32809

The undersigned incorporator has executed these Articles of Incorporation
this 24th day of August, 2001

X Richard Arabitg MD
Signature



Martha C. Gonzalez

*Signed before me on the 25th day of August of the
year 2001, at Orange City, FL.*

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions 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.

The Name of the Corporation is: COSMETICA, INC.

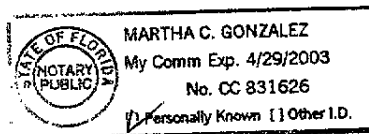
The name and address of the registered agent and office is:
RICHARD ARABITG, MD
6629 BOUGANVILLE CRESCENT, DR
ORLANDO, FL 32809

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 X

Richard Arabitg, MD.

DATE: 8/25/01



PREPARED BY:
JULIO GONZALEZ, CPA
TAX AND ACCOUNTING SERVICES
4773 SOUTH ORANGE AVE
Orlando, FL 32806
TEL 407-857-3563

*Signed before me on the 25th day of
August of the year 2001, at Orange City, FL*