

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

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Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	a check for:	1
□ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	STEVEN A. F	Printed or typed)		
		RSITY POINT PL Address	ACE CRETA	FILED 01 OCT 15 AM
	TAMPA, FL City,			AM 8: 52
	813-97	7-3600		- ·

MEDISPA AT MLD III, INC.

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

Daytime Telephone number

10, 01, 01

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) NAME The name of the corporation shall be: MEDISPA AT MLD III, INC. ARTICLE I PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: 14521 UNIVERSITY POINT PLACE TAMPA, FL 33613 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: ANY AND/OR ALL LAWFUL BUSINESS. SHARES ARTICLE IV 100 COMMON The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): REGISTERED AGENT ARTICLE VI The name and Florida street address of the registered agent is: STEVEN A. PROPER 14521 UNIVERSITY POINT PLACE TAMPA, FL 33613 INCORPORATOR ARTICLE VII The name and address of the Incorporator is: STEVEN A. PROPER *************** Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Incorporator