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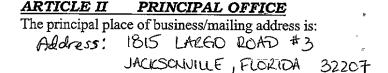
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT:	Just Faces.		UDDD4772 -01/14/020 *****70.00 UDE SUFFIX)	8567 11049001 *****70.00
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:	
ጆ \$70.00 Filing Fee	\$78.75 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:	J. FEZIPE (	Printed or typed)	-	· · · · · · · · · · · · · · · · · · ·
<u>회</u>	1815 LARGO	ROAD #3	- <del></del>	- · · · · · · · · · · · · · · · · · · ·
-	JACKSOLIVILLE  City, S  904-280  Daytime Te	,	SECHALLAN OF STATE TALLAHASSEE, FLORIDA	

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

0/1/8

# ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: Just Faces, Inc



### <u>ARTICLE III</u> **PURPOSE** The purpose for which the corporation is organized is:

ARTICLE IV

Facial Plastic Surgery

SHARES

## The number of shares of stock is: 1,000

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): J. FELIPE Garcia - President, Vice-president, secretary, Director

Address: 1815 LARGO 120AD #3 JACKSCHVILLE FLORIDA 32207

### ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: J. FELIPE Garcia.

Address: 1815 LARGO ROAD \$3 JACKSONVILLE, FLORIDA 32207

### **INCORPORATOR** ARTICLE VII

The name and address of the Incorporator is:

T. FELIPE Garcia Address: 1815 LARGO ROAD #3 JACKSCHUILLE, FLORIDA 32207

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 ature/Registered Agent