# Page 1 of 2 Page 1 of 2 Page 1 of 2

# Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H020002094363)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : BERRIZ & GIRALDO P.A.

Account Number : 119990000017 Phone : (305)485-9300

Fax Number : (305)485-9300

2002 OCT -8 AM 8: 25

# FLORIDA PROFIT CORPORATION OR P.A.

MONIQUE SKIN CARE, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

HO2 000209 4363 ARTICLES OF INCORPORATION FILED

2002 OCT -8 AM 8: 25

OF

TALLAHASSEE FLORIDA

## MONIQUE SKIN CARE, CORP.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

#### ARTICLE I

The name of this corporation shall be:

### MONIQUE SKIN CARE, CORP.

#### ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

## ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

  To have perpetual succession by its corporate

name:

MONIQUE SKIN CARE, CORP.

YOHIMA DEL CORRAL 4080 SW 84 AV MIAMI, FL 33155 305-4859300

Ho2 000 209 436 3

Ho2 000 2094363

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

MONICA ARCE 78-05 SW CORAL WAY SUITE # 119 MIAMI, FL. 33172

The principal office shall be:

78-05 SW CORAL WAY SUITE # 119 MIAMI, FL. 33172

Ho2 0002094363

Ho2 000 209 4363

**ARTICLE VI** 

The initial Board of Directors shall consist of a total of TWO (02) persons, and the name and address of the persons who are to serve as initial directors are:

MONICA ARCE 9682 FONTAINEBLEAU BLVD # 310 MIAMI, FL. 33172

PRESIDENT

JEANNETTE AGUILAR 84-50 154 CT # 208 MIAMI, FL. 33193

VICEPRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

MONIGA ARCE 9682 FONTAINEBLEAU BLVD # 310 MIAMI, FL. 33172

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 01 Day of OCTOBER, 2002.

MONICA ARCE

Hoz 000 209 436 3

FILED

2002 OCT -8 AM 8: 25

CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision 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.

1. The Name of the corporation is:

# MONIQUE SKIN CARE, CORP.

2. The Name and Address of the registered agent and office is

# MONICA ARCE 78-05 SW CORAL-WAY SUITE # 119 MIAMI, FL. 33172

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 HERE:BY 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** 

Dated: QCTQBER 1, 2002.

Hoz: 000 209 436 3