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02 DEC -2 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: PIELISSIMA SKIN CARE SERVICES, INC.  
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 78.75.

FROM:

LUISA CHINDEMI

Name

5440 NW 107 Ave. #204

Address

MIAMI, FLORIDA. 33178

City, State, & Zip

( 305 ) 3086294

Telephone Number

Note: Additional copy of articles is needed only when certified copy is requested.

## ARTICLES OF INCORPORATION

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:

"PIELISSIMA SKIN CARE SERVICES, INC."

### ARTICLE II PRINCIPAL OFFICE

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

8181 NW 36 ST. SUITE # 6-D MIAMI.FLORIDA. 33166

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 (one hundred). SPLIT ON A FIFTY/FIFTY EACH INCORPORATOR

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

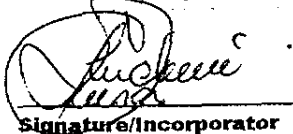
LUISA CHINDEMI  
5440 NW 107 Ave. # 204  
MIAMI.FLORIDA. 33178

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation ~~XX~~ ARE:

LUISA CHINDEMI  
5440 NW 107 Ave. #204  
MIAMI.FLORIDA 33178

PAOLA GRANADOS  
17901 NW 68 Ave. #F-104  
MIAMI LAKES.FLORIDA 33015

  
Signature/Incorporator

  
Signature/Incorporator

11/22/02

Date

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/Registered Agent

11/22/02

Date

FILED  
02 DEC -2 AM 9:41  
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.

PIELISSIMA SKIN CARE SERVICES, INC.

1. The name of the corporation is: \_\_\_\_\_

2. The name and address of the registered agent and office is:

LUISA CHINDEMI

(NAME)

5440 NW 107 Ave. # 204

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33178

(CITY/STATE/ZIP)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 \_\_\_\_\_

DATE \_\_\_\_\_

11/22/02

REGISTERED AGENT FILING FEE: \$35.00