

P03000104485

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.

((H03000282753 0)))

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 : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (305) 674-3313
Fax Number : (305) 675-2811

03 SEP 23 AM 8:14

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

SILK TOUCH, PA

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing

Public Access Help

403000282753 0

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:

SILK TOUCH, PA.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business/mailling address is:

1059 COLLINS AVE. SUITE 203
MIAMI BEACH, Florida 33139

ARTICLE III: PURPOSE

The purpose for which the corporation is organized:
LASER DERMATOLOGY

ARTICLE IV: SHARES

The number of shares of stock is:

200 COMMON SHARES PAR VALUE \$ 0.10

ARTICLE V: INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

Director & President:

ALTAGRACIA MIRANDA, MD
1300 COLLINS APT 500
MIAMI BEACH, Florida 33139

Director & Vice President:

JEAN-CLAUDE NERETTE, MD
195 MYSTIC POINTE DR. APT. 2704
AVENTURA, Florida 33180

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 SEP 23 AM 8:14

403000282753 0

H03000282753 0

PAGE 2 SILK TOUCH, PA

ARTICLE VI: REGISTERED AGENT

The name and Florida street address of the registered agent is:
ALTAGRACIA MIRANDA, MD
1059 COLLINS AVE. SUITE 203
MIAMI BEACH, Florida 33139

ARTICLE VII: INCORPORATOR

The name and Florida street address of the incorporator is:
ALTAGRACIA MIRANDA, MD
1059 COLLINS AVE. SUITE 203
MIAMI BEACH, Florida 33139

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.



ALTAGRACIA MIRANDA, MD / Registered Agent

_____ Date



ALTAGRACIA MIRANDA, MD / Incorporator

_____ Date

03 SEP 23 AM 8:14

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H03000282753 0