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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

THE FACIAL BAR, INC.

D. WHITE FEB 11 2004

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Articles of Incorporation

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I: NAME

The name of the corporation shall be:

THE FACIAL BAR, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business/mailing address is:

221 Old Dixie Hwy Ste 2

Tequesta, Florida 33469

ARTICLE III: PURPOSE

The purpose for which the corporation is organized:

The corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV: SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$.01

ARTICLE V: INITIAL OFFICERS/DIRECTORS (optional)

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

DIRECTOR, PRESIDENT:

SHARMAINE MIRABELLA

111 SARDINIA CIRCLE

JUPITER, FLORIDA 33458

DIRECTOR, VICE PRESIDENT:

MARCO MIRABELLA

111 SARDINIA CIRCLE

JUPITER, FLORIDA 33458

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THE FACIAL BAR, INC.

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ARTICLE VI: REGISTERED AGENT

The name and Florida street address of the registered agent is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SHARMAINE MIRABELLA
111 SARDINIA CIRCLE
JUPITER, FLORIDA 33458

ARTICLE VII: INCORPORATOR

The name and Florida street address of the incorporator is:

SHARMAINE MIRABELLA
111 SARDINIA CIRCLE
JUPITER, FLORIDA 33458

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.

Sharmaine Mirabella

SHARMAINE MIRABELLA / Registered Agent

02/02/04

Date

Sharmaine Mirabella

SHARMAINE MIRABELLA / Incorporator

02/06/04

Date

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