

JUL-23-04 PM 11:36 AM
DIVISION OF CORPORATIONS

LAZARUS CORPORATION

FAX: 3052201440

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Florida Department of State
Division of Corporations
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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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FLORIDA PROFIT CORPORATION OR P.A.

DERMAGIQUE INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LAZARUS CORPORATION

FAX:3052201440

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts(s) the following Articles of Incorporation

ARTICLE I- NAME

The name of the corporation shall be:

DERMAGIQUE INC

ARTICLE II- PRINCIPAL OFFICE

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

4450 HODGES BLVD APT 507
JACKSONVILLE, FL 32224

ARTICLES III- SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

25,000.00 common @ \$1.00

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ARTICLE IV-INITIAL REGISTER AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LESLI LUTHER
4460 HODGES BLVD APT 507
JACKSONVILLE, FL 32224

ARTICLE V-INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

LESLI LUTHER
4460 HODGES BLVD APT 507
JACKSONVILLE, FL 32224

The undersigned incorporator has executed these Articles of Incorporation this June 29th, 2004


(your signature)

ARTICLE VI-DIRECTORS

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are)

Leslie Luther 4460 Hodges Blvd, Apt 504, Jacksonville, FL 32224

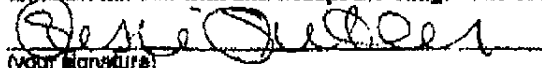
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named as Register Agent and to accept service of process for the above stated corporation at place

designated in this certificate, I hereby accept the appointment as Register Agent and agree to act in this capacity.

I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties,

and I am familiar with and accept the obligations of my position as Register Agent.


(your signature)

Registered Agent -

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