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

From:
Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305) 358-2571
Fax Number : (305) 373-7718

**FLORIDA PROFIT CORPORATION OR P.A.
STRAX REJUVENATION AND AESTHETICS INSTITUTE, INC.**

Certificate of Status	0
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Articles of Incorporation

Article 1: Name of Corporation: **STRAX REJUVENATION AND AESTHETICS INSTITUTE, INC.**

Address of Corporation: **4300 N. UNIVERSITY DR., STE E200
LAUDERHILL, FL 33351**

Article 2: Capital Stock: The number of shares which the corporation has authorized to be outstanding at any one time is **100**, with a par value of **0**

Article 3: **REGISTERED AGENT: COLLEEN POTKAY**

**REGISTERED OFFICE: 4300 N. UNIVERSITY DR., STE E200
LAUDERHILL, FL 33351**

*I am familiar with and hereby accept the duties and responsibilities as Register Agent for said corporation.

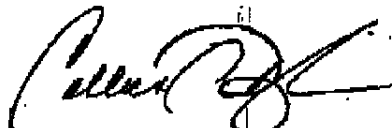

Signature of Registered Agent

Article 4: The Board of Directors are: (**Board of Directors is NOT REQUIRED**).
First listed is President, Second is Vice President, then Secretary/Treasurer.

1. (P)(T) **BONNIE NELSON, 4300 N. UNIVERSITY DR., STE E200, LAUDERHILL, FL 33351**
2. (V)(S) **COLLEEN POTKAY, 4300 N. UNIVERSITY DR., STE E200, LAUDERHILL, FL 33351**
- 3.

Article 5: The NAME and ADDRESS of the INCORPORATOR is:
**COLLEEN POTKAY
4300 N. UNIVERSITY DR., STE E200
LAUDERHILL, FL 33351**

In witness whereof, I have subscribed my name:


Signature of Incorporator

H04-157424