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V. Frgram 2/03/05

TRANSMITTAL LETTER

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

SUBJECT: THE A	ESTHIC EXPERIENCE INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: TH	E AESTHIC EXPERIENCE INC.		
	Name	(Printed or typed)	
	2690 SW 15TH STREET		
·		Address	
	DEERFIELD BEACH, FL 33442		
	City,	State & Zip	
	(954) 263-4323	Jolombono nymbor	
	Daytime i	elephone number	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

05 FEB 14 PH 3:21

ARTICLE I NAME

. * v.*~

The name of the corporation shall be:

THE AESTHIC EXPERIENCE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2690 SW 15TH STREET DEERFIELD BEACH, FL 33442

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: COSMETIC ENHANCEMENT

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ERRIN E. BACCARI, PRESIDENT 2690 SW 15TH STREET DEERFIELD BEACH, FL 33442

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ERRIN E. BACCARI 2690 SW 15TH STREET DEERFIELD BEACH, FL 33442

ARTICLE VII _ INCORPORATOR

The name and address of the Incorporator is:

ERRIN E. BACCARI 2690 SW 15TH STREET DEERFIELD BEACH, FL 33442

************	***********
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered ag	
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Signature/Registered Agent	Date
EES.	2-10-05
Signature/Incorporator	Date