705000048954

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.

(((H05000079939 3)))

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 : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305)634-3694

Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

paradise body & skin care, corp

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

J. Shines APR O. 4. 2005)

Rectronic Filing Menu.

Comparate Filing

Public Access Help

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: PARADISE BODY & SKIN CARE, CORP

ARTICLE II PRINCIPAL OFFICE

The Principal Place of Business and Mailing address of this Corporation Shall be: 2252 NORTH DIXIE HWY- BOCA RATON-FLORIDA-33431

ARTICLE III PURPOSE

The Purpose for Wich the Corporation is Organized is: **BODY & SKIN CARE**

ARTICLE IV SHARES

The Number Of Shares of Stock Is: 100 SHARES OF COMMON STOCK US 1.00 PAR VALUE PER SHARE.

ARTICLE V INITIAL DIRECTORS/OFFICERS

the name(s), address (es) and Title(s):

JACQUELINE AQUINO

PRESIDENT

2252 NORTH DIXIE HWY BOCA RATON-FL-33431

JULIO DOMINGUEZ

VICEPRESIDENT

SAME

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street Address of Registered agent is:

ENRIQUE GUEVARA

630 S STATE ROAD 7 MARGATE FLORIDA 33068 PHONE: 954-978-6249

ARTICLE VII INITIAL INCORPORATOR The Name and addres of the incorporator is:

ENRIQUE GUEVARA

630 S STATE ROAD 7 **MARGATE FLORIDA 33068**

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 KET IN THIS CAPACITY

Registered Agent Signatur

Signature/Incorporator

05