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Florida Department of State  
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**FLORIDA PROFIT CORPORATION OR P.A.**

**Eyecon Cosmetics Inc.**

Certificate of Status	1
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Estimated Charge	\$78.75

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## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

**Eyecon Cosmetics Inc.**

### ARTICLE II PRINCIPAL OFFICE

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

**Eyecon Cosmetics Inc.  
272 SW South Quick Circle  
Port St. Lucie, FL 34953**

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### ARTICLE III SHARES

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

**500 Shares at No Par Value**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Alyson Webb  
272 SW South Quick Circle  
Port St. Lucie, FL 34953**

*Prepared By:*  
**Bruce B. Hubbard**  
77 East John St.  
Hicksville, New York 11801  
1-516-935-3940

**ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)**

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

**Alyson Webb - President  
272 SW South Quick Circle  
Port St. Lucie, FL 34953**

**ARTICLES VI INCORPORATOR(S)**

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

**Alyson Webb  
272 SW South Quick Circle  
Port St. Lucie, FL 34953**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

4th day of May 2005.

  
Alyson Webb - Signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Eyecon Cosmetics Inc.**

2. The name and address of the registered agent and office is:

**Alyson Webb**

Name

**272 SW South Quick Circle**

(P.O. Box or Mail Drop Box NOT Acceptable)

**Port St. Lucie, FL 34953**

(City / State / Zip)

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*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

*Alyson Webb*

Alyson Webb  
SIGNATURE

May 4, 2005

(Date)