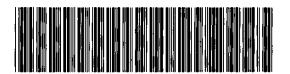
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Verifier

Acknowledgment

W.P. Verifier

ARTICLES OF INCORPORATION

OF

ASTHETICS, INC

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be: ASTHETICS, INC

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation:

7041 SW 21st PLACE #1 DAVIE, FL 33317

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are <u>5000</u> shares having an individual par value of \$ 1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

MICHAEL ROBINSON
7041 SW 21st PLACE #1
DAVIE, FL 33337

ARTICLE VII

The name and address of the initial board of director(s) shall be:

MICHAEL ROBINSON 7041 SW 21st PLACE #1 DAVIE, FL 33317

ARTICLE VIII

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

MICHAEL ROBINSON 7041 SW 21st PLACE #1 DAVIE, FL 33317

The undersigned has executed these Articles of Incorporation this 22nd day of MAY, 2006.

INCORPORATOR

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

	ASTHETICS,	1 N C		
(Name of Corporation)				

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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 STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT

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