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

From:
Account Name : XIOMARA LEE, P.A.
Account Number : I20040000008
Phone : (305)262-2323
Fax Number : (305)262-2324

FLORIDA PROFIT/NON PROFIT CORPORATION

VIVIAN APONTE P.A.

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06 JUN-22 PM12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

5/6/23/06

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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:

VIVIAN APONTE P.A.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9799 WESTVIEW DR. SUITE 1022
CORAL SPRINGS, FL 33076

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SKIN CARE SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

VIVIAN APONTE (PRESIDENT/DIRECTOR), 9799 WESTVIEW DR. SUITE 1022, CORAL SPRINGS, FL 33076

JULIETA MARCANO (VICEPRES./DIR.), 9799 WESTVIEW DR. SUITE 1022, CORAL SPRINGS, FL 33076

CHRISTIAN DE LEON (DIRECTOR), 9799 WESTVIEW DR. SUITE 1022, CORAL SPRINGS, FL 33076

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

VIVIAN APONTE
9799 WESTVIEW DR. SUITE 1022
CORAL SPRINGS, FL 33076

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

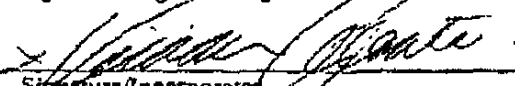
VIVIAN APONTE
9799 WESTVIEW DR. SUITE 1022
CORAL SPRINGS, FL 33076

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 act in this capacity


Signature/Registered Agent

06/06/2006

Date


Signature/Incorporator

06/06/2006

Date

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