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| PICK-UP | ☐ WAIT | MAIL | | |
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| Special Instructions to | Filing Officer: | · | | |
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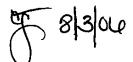
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ALLAHASSEE, FLORIDA



COVER LETTER

FILED

06 AUG -2 AM 10: 09

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| _{subject:} Las | erMedica Corporatio | n | |
|-------------------------|--|--|--|
| | (PROPOSED CORPORA) | FE NAME – <u>MUST INCL</u> | |
| Enclosed are an orig | inal and one (1) copy of the artic | cles of incorporation and | l a check for: |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED |
| 77.03.4 | Ωana Fo | rman | |
| FROM: | Dana Forman Name (Printed or typed) | | |
| | P.O Box | k 1828 Address | |
| | Palm City, FL 34991 City, State & Zip | | |
| | 772-597 | | |
| | Daytime Telephone number | | |

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

:;



RECEIVED

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Division of Corporations

July 24, 2006

DANA FORMAN POST OFFICE BOX 1828 PALM CITY, FL 34991

SUBJECT: LASERMEDICA CORPORATION

Ref. Number: W06000032660

We have received your document for LASERMEDICA CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden **Document Specialist New Filing Section**

Letter Number: 306A00046905

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:

LaserMedica Corporation

FILED

06 AUG -2 AM 10: 09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

681 S.W. Port St. Lucie Blvd. Port St. Lucie, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Laser Hair Removal

ARTICLE IV SHARES

The number of shares of stock is:

100

INITIAL OFFICERS AND/OR DIRECTORS

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

Dana Forman

President

P.O. Box 1828

Palm City, FL 34991

ARTICLE VI REGISTERED AGENT

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

Jeffrey M. Kirsch, Esq.

2100 S.E. Ocean Blvd. Suite 203

Stuart, FL 34996

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

Dana Forman

P.O. Box 1828

Palm City, FL 34991

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 Accepy the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator