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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Chury Name)					
(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					
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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJ	ECT: INFINI	TE IMAGE ESTHETICS INC			
		(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	UDE SUFFIX)	
Enclos	sed are an ori	ginal and one (1) copy of the arti	cles of incorporation and	a check for:	
¥	\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: CYNTHIA SITTE Name (Printed or typed)					
3115 HIGHLANDS LAKEVIEW CIRCLE Address					
LAKELAND, FL 33812 City, State & Zip					
863-644-1934 Daytime Telephone number					

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:

INFINITE IMAGE ESTHETICS INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

3115 HIGHLANDS LAKEVIEW CIRCLE LAKELAND, FL 33812

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE SKINCARE NAND HEALTHCARE TO THE PUBLIC

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): CYNTHIA L. SITTE/PRESIDENT 3115 HIGHLANDS LAKEVIEW CIRCLE LAKELAND, FL. 33812

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: CYNTHIA L. SITTE 3115 HIGHLANDS LAKEVIEW CIRCLE LAKELAND, FL 33812

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: CYNTHIA L. SITTE 3115 HIGHLANDS LAKEVIEW CIRCLE LAKELAND, FL. 33812

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, Lum familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

1. 30. 09
Date
1. 30. 09
Date

ARTICLE I NAME

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