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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

MY SAFE FACE, CORP.

Certificate of Status	0
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
OF
MY SAFE FACE, CORP.

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

ARTICLE I NAME

The name of the corporation shall be:
MY SAFE FACE, CORP.

The principle place of business is:
1900 NW 97TH AVE. STE. 714-32919
DORAL, FL 33172

ARTICLE II

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100 SHARES AT \$1.00 PAR VALUE.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE V OFFICERS/ DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

DIEGO J. CALVO (P)
1900 NW 97TH AVE. STE. 714-32919
DORAL, FL 33172

JUAN C. GONZALEZ (VP)
1900 NW 97TH AVE. STE. 714-32919
DORAL, FL 33172

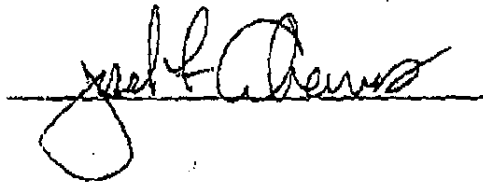
ARTICLE VI INCORPORATORS(S)

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

Joseph F. Cabanas ~ Cabanas & Associates, P.A.
10520 N.W. 26th St., C-201
Doral, FL 33172

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 8th day of October, 2009

Signature(s) of Incorporator(s)

A handwritten signature in dark ink, appearing to read "Joseph F. Cabanas", is written over a horizontal line. The signature is stylized with a large, looping initial "J" and a long, sweeping underline.

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SECRETARY OF
TALLAHASSEE

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

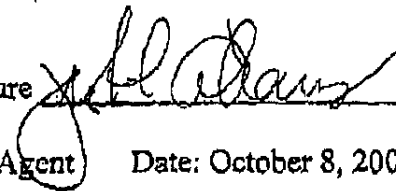
1. The name of the corporation:

MY SAFE FACE, CORP.

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

Joseph F. Cabanas – Cabanas & Associates, P.A.
10520 NW 26th St. – Suite C 201
Doral, Fl. 33172

Signature

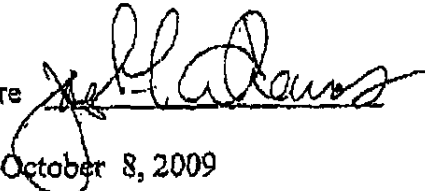


Title: Registered Agent

Date: October 8, 2009

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature



Date: October 8, 2009