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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I. Burch NOV 10 2010

## COVER LETTER

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

SUBJECT: SAN MARCON MEDI-SPA AND WELLNESS CENTER, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: JOSE PAREDES

Name (Printed or typed)

1514 NIRA STREET

Address

JACKSONVILLE, FL 32207

City, State & Zip

(904) 387-4991

Daytime Telephone number

JPAREDES@JAXDERM.COM

E-mail address: (to be used for future annual report notification)

**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)

**ARTICLE I NAME** SAN MARCO MEDI-SPA AND WELLNESS CENTER, INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1514 NIRA STREET  
JACKSONVILLE, FL 32207

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**PROVIDE MEDI-SPA AND WELLNESS SERVICES TO CLIENTS**

**ARTICLE IV SHARES**

The number of shares of stock is 500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MICHAEL J BERNHARDT, PRES  
Address: 1514 NIRA STREET  
JACKSONVILLE, FL 32207

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: MICHAEL J BERNHARDT, VICE PRES  
Address: 1514 NIRA STREET  
JACKSONVILLE, FL 32207

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: MICHAEL J BERNHARDT, SECRETARY  
Address: 1514 NIRA STREET  
JACKSONVILLE, FL 32207

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

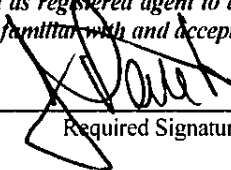
Name: JOSE PAREDES  
Address: 1514 NIRA STREET  
JACKSONVILLE, FL 32207

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MICHAEL J BERNHARDT  
Address: 1514 NIRA STREET  
JACKSONVILLE, FL 32207

*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*

  
Required Signature/Registered Agent

11/04/2010

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

11/04/2010

Date

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TALLAHASSEE, FLORIDA