Florida Department of State

Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION PRESTIGE MEDICAL SPA INC.

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December 10, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: PRESTIGE MEDICAL SPA INC

REF: W10000057233

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Tim Burch
Regulatory Specialist II
New Filing Section

FAX Aud. #: E10000264696 Letter Number: 410A00028644

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ARTICLES OF INCORPORATION

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

ARTICLE I – NAME

The name of the corporation shall be:

PRESTIGE MEDICAL SPA INC. Effective Date Jan 1, 2011 EFFECTIVE DATE: 01/01/2011

<u>ARTICLE II – PRINCIPAL OFFICE</u>

The principal place of business and mailing of this corporation shall be:

15586 SW 62 TERRACE Miami FL 33193

<u>ARTICLE III – SHARES</u>

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET **ADDRESS**

The name and address of the initial registered agent is:

JUDITH CALDERONI 15586 SW 62 TERR Miami FL 33193

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ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

JUDITH CALDERON 15586 SW 62 TERR Miami FL 33193

The undersigned incorporator has executed these Articles of Incorporation this

day of ______20____

ARTICLE VI-DIRECTOR (S)

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

JOSE M. DIAZ (P) JUDITH CALDERON (VP)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. Nurther agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

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