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**FLORIDA PROFIT/NON PROFIT CORPORATION
GUTLEBER COSMETIC SURGICAL INSTITUTE INC.**

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**ARTICLES OF INCORPORATION
FOR
GUTLEBER COSMETIC SURGICAL INSTITUTE INC.**

ARTICLE I

The name of the Corporation shall be:

GUTLEBER COSMETIC SURGICAL INSTITUTE INC.

ARTICLE II

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

**139 NE 15TH ST
HOMESTEAD, FLORIDA 33030**

ARTICLE III

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

7500 SHARES

ARTICLE IV

The name and address of the initial registered agent is:

**MARIA ELENA GUTLEBER
139 NE 15TH ST
HOMESTEAD, FL 33030**

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TALLAHASSEE, FLORIDA**

ARTICLE V

This corporation shall have officers and directors initially. The names and addresses of the initial officers and directors who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

**MARIA ELENA GUTLEBER
139 NE 15TH ST
HOMESTEAD, FLORIDA 33030**

ARTICLE VI

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

**MARIA ELENA GUTLEBER
139 NE 15TH ST
HOMESTEAD, FLORIDA 33030**

The undersigned has executed these Articles of Incorporation the 17th Day of July, 2012.


MARIA ELENA GUTLEBER

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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 is:

GUTLEBER COSMETIC SURGICAL INSTITUTE INC.

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

MARIA ELENA GUTLEBER
139 NE 15TH ST
HOMESTEAD, FLORIDA 33030

SIGNATURE: _____

TITLE: President

DATE: July 17, 2012

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: _____

DATE: July 17, 2012