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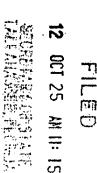
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COVER LETTER

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

SUBJECT: Ultimate Skin By Janne	elle Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
·	ADDITIONAL C	OPY REQUIRED
FROM: Jannelle Riguez	(Printed or typed)	
1061 NE 86th St		
,	Address	
Miami, Fl 33138 City,	State & Zip	
786-546-8921 Daytime T	elephone number	
janneller@att.net E-mail address: (to be used	I 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 The name of the co	NAME Ultimate Skin By Jan orporation shall be:	nelle Inc.	FILED
ARTICLE II	PRINCIPAL OFFICE		
*	Principal street address		Mailing address, if different is:
1	1061 NE 86th St		_
	Miami, Fl 33138		THE CANADOS , TO THE
-			Lautana me, recesso
ADDICE DE			
ARTICLE III			4 ₹
	hich the corporation is organized is: hetic medical services to the public		
10 oner aesu	neac medical services to the public	•	
ARTICLE IV	<u>SHARES</u>		
The number of shar	res of stock is:100		
ADTICLE W	INTELL OFFICERS AND OF DESCRIPTION	10.D.C	
Name and Ti	INITIAL OFFICERS AND/OR DIRECT tle: Jannelle Riguez President	<u>UKS</u> Nome and Titl	la faima Diauaz Vias Drasidant
Address:	1061 NE 86th ST	Name and Titl	1061 NE 86 ST
7100.000.	Miami, Fl 33138		Miami.FI 33138
			WHIGHTH, I TOWN TOO
Name and Ti	tle:	Name and Tit	le:
Address:		Address:	<u> </u>
Name and Tit	tle:	Name and Titl	۵.
Address:			<u>. </u>
		/1001000.	
			
ARTICLE VI	REGISTERED AGENT		
	ida street address (P.O. Box NOT acceptable) of the registered ag	ent is:
Name:	Jannelle Riguez		
Address:	1061 NE 86th ST		
	 Miami, Fl 33138 		
ARTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		
Name:	Jaime Riquez		
Address:	1061 NE 86th ST		
	Miami, Fl 33138		
his certificate. I am	d as registered agent to accept service of proc familiar with and accept the appointment as r	ess for the above st registered agent and	ated corporation at the place designated in agree to act in this canacity
	/	-3	ag. oo to too si and capacity
	h tume Va Ri		10-21.12
	Required Signature/Registered Agent		Date
submit this docum	nent and affirm that the facts stated herein a	ire true. I am awar	e that the false information submitted in a
locument to the Dep	partment of State constitutes a third degree feld	ony as provided for i	in s.817.155, F.S.
-	· 」の/		
			10.21-12
	Required Signature/Incorporator		Date