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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

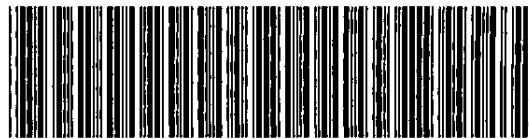
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

W14000006854

g 2/20/14

COVER LETTER

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

(Letter Number  
314A00002331)

SUBJECT: Aesthetics Medical Institute, 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

*Paid Ahead*

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

Ken Johnson

Name (Printed or typed)

4614 S.W. 30th. Way

Address

Fort Lauderdale, FL 33312

City, State & Zip

954-967-0434

Daytime Telephone number

thunderwolf@bellsouth.net

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

NOTE: Please provide the original and one copy of the articles.

RECEIVED  
DIVISION OF STATE  
CORPORATIONS  
14 FEB 18 PM 3:52



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 3, 2014

KEN JOHNSON  
4614 SW 30TH WAY  
FORT LAUDERDALE, FL 33312

SUBJECT: AESTHETICS SURGERY CENTER, INC.  
Ref. Number: W14000006854

RECEIVED  
14 FEB 18 PM 1:18  
TALLAHASSEE, FLORIDA

We have received your document for AESTHETICS SURGERY CENTER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : , document number .

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

The document number of the name conflict is P94000057801.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 314A00002331

(See Corrected new name)  
Papers Inclosed

FILED  
14 FEB 18 PM 3:52  
DIVISION OF STATE  
CORPORATIONS

www.sunbiz.org

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
DIVISION OF STATE  
CORPORATIONS  
14 FEB 18 PM 3:52

**ARTICLE I NAME**

The name of the corporation shall be: Aesthetics Medical Institute, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4614 S.W. 30th. Way  
Fort Lauderdale, FL  
33312

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Professional Corporation

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title:

Ken Johnson

Name and Title:

CEO/President

Address

4614 S.W. 30th. Way  
Fort Lauderdale, FL  
33312

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(cont.)

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Ken Johnson CEO/A  
Address: 4614 S.W. 30th Way  
Fort Lauderdale, FL  
33312

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ken Johnson CEO/A  
Address: 4614 S.W. 30th Way  
Fort Lauderdale, FL  
33312

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

Ken Johnson  
Required Signature/Registered Agent

2-8-14  
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.

Ken Johnson  
Required Signature/Incorporator

2-8-14  
Date

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 FEB 18 PM 3:52