

**P16 00043669**

**Florida Department of State  
Division of Corporations  
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To:

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Account Name : SIMON & SIGALOS, LLP  
Account Number : I19990000176  
Phone : (561)447-0017  
Fax Number : (561)447-0018

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
AESTHETIC SURGERY INSTITUTE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**The name of the corporation shall be: AESTHETIC SURGERY INSTITUTE, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

526 SE 5th AvenueDelray Beach, FL 33483**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Any and all lawful purposes**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Thomas L. Tzikas, President

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

Address: 302 North Ocean Blvd.

Address: \_\_\_\_\_

Delray Beach, FL 33483

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

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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: Michael W. Simon, Esq.

Address: 3839 NW Boca Raton Blvd., Suite 100  
Boca Raton, FL 33431

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Thomas L. Telles

Address: 302 North Ocean Blvd.  
Delray Beach, FL 33483

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

[Signature]

Required Signature/Registered Agent

May 18, 2016

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.

[Signature]

Required Signature/Incorporator

MAY 18, 2016

Date

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