19600045080 TRANSMITTAL LETTER

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

SUBJECT: MERCY'S HEALTH/BEAUTY & GIFT SHOP

(Proposed corporate name - must include suffix)

800001832568 -05/21/96--01107--016 *****70.00 ******70.00

x \$70.00 Filing Fee	# \$78.75 Filing Fee & Certificate	#122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate y Required	96 Sec Tall
FROM:		EALTH/BEAUTY & printed or typed)	GIFT SHOP	96 MAY 20 PH SECRETARY OF S ALLAHASSEE, FI
		1st Ave., Suit Address	e 2	STATE OF
		orida 33131 ity, State & Zip		
	305-444-1	7174	20	19
		e Telephone number	Mer	redes

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

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: MERCY'S HEALTH/BEAUTY & GIFT SHOP ...

ARTICLE II PRINCIPAL OFFICE

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

1051 S.E. 1st Ave., Suite 2 Miami, Florida 33131

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

MERCEDES ANTUNES 2441 S.W. 31st Ave. Apt.308 Miami, Florida 33145

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

MERCEDES ANTUNES 2441 S.W. 31st Avo. Apt.308 Miami, Florida 33145

13th day of	May	, 19 <u>96</u>
(An additional a	ticle must be adde	d if an effective date is requested.)
	Mu	udas Dutines
		Signature
		Signature
		Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

Notarization is not required

CERTIFICATE OF DESIGNATION OF 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:	MERCY'S HEALTH/BEAUTY & GIFT SHOP FWC .
2.	The name and address of the registe	ered agent and office is:
	MERCEDES	ANTUNES
	2441 S.W.	31st Ave., Apt.308 or Mail Drop Box NOT ACCEPTABLE)
		orida 33145 (CITY/STATE/ZIP)

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.

Muches Systems 5/15/96
(SIGNATURE) (DATE)