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August 29, 1996

Division of Corporations, New Corporations POB 6327 Tallahassee, Florida 32314

Dear Sir:

Enclosed are the Articles of Incorporation for Skin Tightening Medical Devices, Inc. and our check for \$122.50 for filing fees and a certified copy of the articles and a certificate of incorporation.

Please return the documents to:

Benjamin H. Moore 1400 West Fairbanks Avenue, Ste 201 Winter Park, FL 32789

Thank you for your attention to this matter.

Sincerely,

Ben H. Moore

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ARTICLES OF INCORPORATION

OF

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Skin Tightening Medical Devices, Inc.

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 | NAME

The name of the corporation shall be:

Skin Tightening Medical Devices, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2592 Grassy Point Drive #302 Lake Mary, FL 32746

ARTICLE III SHARES

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

1000 shares at \$1.00 Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

David R. McAllister 2592 Grassy Point Drive #302 Lake Mary, FL 32746

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ARTICLE V INCORPORATOR(S)

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

David R. McAllister 2592 Grassy Point Drive #302 Lake Mary, FL 3274(

The undersig	gned incorporator(s) has	(have) executed th	ese Articles of Inc	orporation this
	29th_day of	August	, 19 <u>96</u> .	
a.	Opow MGAL	Cislen		
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		Signature		
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CERTIFICATE OF DESIGNATION OF

FILED

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REGISTERED AGENT/REGISTERED OFFICE

TALLAHAS LEZ FLORIBA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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 of the mightoning Medical Devices, Inc.				
2.	The name and address of the registered agent and office is:				
	David R. McAllister				
	(Name)				
	2592 Grassy Point Drive #302				
	(P.O. Box not acceptable)				
	Lake Mary, FL 32746				
	(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.

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DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

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