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## FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ PHONE: (305) 599-0839

FAX #: (305)716-0346

NAME: BODY UNLIMITED # \*\*\* & shaping, inc.

AUDIT NUMBER..... H97000009129

DOC TYPE..... FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...1

PAGES..... 3
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#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 4, 1997

FAS-T CORP. AGENTS, INC.

SUBJECT: BODY UNLIMITED, INC.

REF: W97000013031

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entitles are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Claretha Golden Document Specialist FAX Aud. #: H97000009129 Letter Number: 997A00030101

### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE L NAME

The name of the corporation shall be: BODY UNLINITED & SHAPING, INC.

The principal place of business of this corporation shall be: 2900 CYPRESS AVEUNE MIRAMAR, PLORIDA 33025

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1000 SHARES OF COMMON STOCK AT (\$1.00) PAR VALUE

#### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, Is(are):

RAPENA K. MC CRAY 2900 CYPRESS AVEUNE MIRAMAR, PLORIDA 33025

Prepared by: FA FINANCIAL SERVICES, INC. 3401 N.W. 202nd St. Miami, Fl 33056 (305) 623-5109

#### ARTICLE VI INCORPORATORIS)

The name(s) and sireel address(es) of the incorporator(s) to this articles of incorporation is(are):

EAFENA MC CRAY - PRESIDENT 2900 CYPRESS AVEUNE MIRAMAR, FLORIDA 33025

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of incorporation this MAY day of 96h .1997.

Notery BARBANA & STRONG
AND STRONG
AND STRONG
FOR THE PROPERTY AND THE PRO

Mun-SARBARA A STRONG

Signaturets of incorporator(s)

RAFENA MC CRAY - PRESIDEN

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325. 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;
BODY UNLINITED & SHAPING, INC.
2. The name and address of the registered agent and office is:
BARBARA STRONG, C.P.A 3401 N.W. 202nd STREET -
(P.O. BOX NOT ACCEPTABLE)
MIAMI. FLORIDA 33056-1722
(CITY/STATE/ZIP)
SIGNATURE MANUTANTE STEELE
BARBARA STRONG, O.A.A.
TITLE CERTIFIED PUBLIC ACCOUNTANT
D'ATE MAY 12, 1997
HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION. AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

DATE