

8/19/98

P98000072859

5:01 PM

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

((H98000015510 4)))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: PAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839

ACCT#: 071001002335

FAX #: (305)716-0346

NAME: BODY SHAPING UNLIMITED, INC.
AUDIT NUMBER.....H98000015510
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
CERT. OF STATUS..1 PAGES..... 3
CERT. COPIES.....0 DEL.METHOD.. FAX
EST.CHARGE.. \$78.75

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

FILED
98 AUG 20 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

me 8/20/98



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 20, 1998

FAS-T CORP.

SUBJECT: BODY SHAPING UNLIMITED, INC.
REF: W98000019038

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 person designated as registered agent in the document and the person signing as registered agent must be the same.

If you have any further questions concerning your document, please call (850) 487-6067.

Neysa Culligan
Document Specialist

FAX Aud. #: H98000015510
Letter Number: 898A00043245

FILED

98 AUG 20 PM 12: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ARTICLES OF INCORPORATION
OF

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 I NAME

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

The principal place of business of this corporation shall be:

2900 CYPRESS AVEUNE
MIRAMAR, FLORIDA 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 AT ONE DOLLAR (\$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):

RAFENA MC CRAY - PRESIDENT/VICE PRESIDENT
2900 CYPRESS AVEUNE
MIRAMAR, FLORIDA 33025

PREPARED BY: BARBARA STRONG, C.P.A.
3401 N.W. 202nd STREET
CAROL CITY, FLORIDA 33056-1722
(305)623-5109

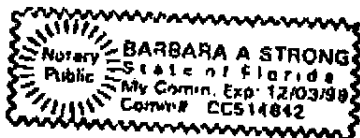
B98000015510

ARTICLE VI INCORPORATOR(S)

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

RAFENA MC CRAY
2900 CYPRESS AVEUNE
MIRAMAR, FLORIDA 33025

IN WITNESS WHEREOF, the undersigned Incorporator(s) has(have) executed these Articles of Incorporation this 6th day of AUGUST, 1998.



Signature(s) of Incorporator(s)


RAFENA MC CRAY (PRESIDENT)

B98000015510

H98000015510

FILED

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

98 AUG 20 PM 12: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 SHAPING UNLIMITED, INC.

2. The name and address of the registered agent and office is:

Rafena Mc Cray

3401 N.W. 202nd STREET

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33056-1722

(CITY/STATE/ZIP)

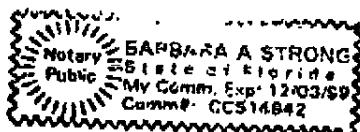
SIGNATURE

Barbara Strong
BARBARA STRONG, C.P.A.

TITLE CERTIFIED PUBLIC ACCOUNTANT

DATE

AUGUST 6th, 1998



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

Rafena Mc Cray
8/6/98

H98000015510