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LOCAL REPRESENTATIVE TALLAHASSEE

000002971020--9  
-08/26/99-01060-017  
\*\*\*\*157.50 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. SALON D'VITA CORP.  
(Corporation Name) (Document #)

2. ALMAGUER MEDICAL CORP.  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of State

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 AUG 26 PM 12:10

FILED

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
99 AUG 26 AM 11:45  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE AFFAIRS  
TALLAHASSEE, FLORIDA

Examiner's Initials

**ARTICLES OF INCORPORATION**

**FILED**  
99 AUG 26 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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:

SALON D'VITA CORP.

**ARTICLE II PRINCIPAL OFFICE**

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

1255 WEST 46 ST, SUITE 16, HIALEAH, FL, 33012.-

**ARTICLE III SHARES**

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

ONE HUNDRED SHARES (100) WITH FIVE DOLLARS (\$5.00) VALUE PER SHARE

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

TANIA M. PEREZ

1255 WEST 46 ST, STE: 16  
HIALEAH FL 33012.-

**ARTICLE V INCORPORATOR(S)**

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

TANIA M. PEREZ-President

1255 West 46 St. # 16  
Hialeah, Fl, 33012.-

The undersigned has(have) executed these Articles of Incorporation this

25 day of August, 19 99.-

\*Tania M. Perez President,  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

**CERTIFICATE OF DESIGNATION**  
**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: SALON D'VITA CORP.

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

TANIA M. PEREZ

(NAME)

1255 WEST 46 STREET, SUITE # 16

(P.O. BOX NOT ACCEPTABLE)

HIALEAH, FLORIDA, 33012.-

(CITY/STATE/ZIP)

SIGNATURE x Tania M. Perez  
(corporate officer)

TITLE President

DATE 8/25/99

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.

SIGNATURE x Tania M. Perez

DATE 8/25/99

99 AUG 26 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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