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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 922-4001

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

## FLORIDA PROFIT CORPORATION OR P.A.

## DORAL SKIN CARE CENTER INC.

Certificate of Status	0
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## 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:

**DORAL SKIN CARE CENTER INC.**

### ARTICLE II PRINCIPAL RESIDENCE

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

**4301 SW 99 AVE  
MIAMI, FL 33165**

### ARTICLE III SHARES

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

**1000 SHARES**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**GEOCONDA D MERE  
4301 SW 99 AVE  
MIAMI, FL 33165**

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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):

**GEOCONDA D MERE/ PRESIDENT      MARTIN MERE/VICE-PRESIDENT**

**4301 SW 99 AVE  
MIAMI, FL 33165**

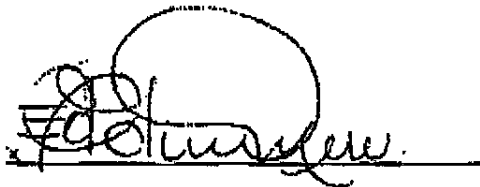
**ARTICLE VI DIRECTOR(S)**

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

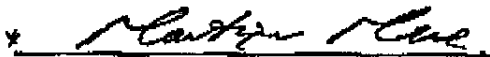
**GEOCONDA D MERE/PRESIDENT      MARTIN MERE/VICE-PRESIDENT**

**4301 SW 99 AVE  
MIAMI, FL 33165**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 08 day of NOVEMBER 1999



Signature



Signature



Signature

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under 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:

**DORAL SKIN CARE CENTER INC.**

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

**GEOCONDA D MERE**

(Name)

**4301 SW 99 AVE  
MIAMI, FL 33165**

(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.

SIGNATURE



DATE 11-08-99

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