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Areas

To:
Division of Corporations
Fax Number : (850)205-0381

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

FLORIDA PROFIT/NON PROFIT CORPORATION

EYES IRIDOLOGY HEALTH CARE CORP

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

EYES IRIDOLOGY HEALTH CARE CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11337 WEST FLAGLER ST MIAMI FLORIDA 33174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSTRUCTION/TRAINING/TUTOR AND ALL ACTIVITIES PERMITED BY THE STATE OF FLORIDA AND THE UNITED STATES OF AMERICA

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JORGE ENRIQUE CASTRO 11337 WEST FLAGLER ST MIAMI FLORIDA 33174 PRESIDENT / TREASURE / DIRECTOR 500 SHARES

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

JORGE ENRIQUE CASTRO 11337 WEST FLAGLER ST MIAMI FLORIDA 33174

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

JORGE ENRIQUE CASTRO 11337 WEST FLAGLER ST MIAMI FLORIDA 33174

****

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent — 07/24/2006 Date

Signature/Incorporator — 07/24/2006 Date

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