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TALLAHASSEE, FLORIDA

J. Shivers JUN 15 2011

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Designer Health Centers, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ERICA COLLINS JONES, CEO
Name of Person
Designer Health Centers
Firm/Company
8345 NW 86TH ST. SUITE 9354
Address
MIAMI, FL 33166
City/State and Zip code
erica@designerhealthcenters.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

ERICA COLLINS JONES at (706) 600-1274
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Designer Health Centers, Incorporated
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Designer Health Solutions
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Nevada 3. 21-1661138
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/8/2010 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8345 NW 60TH ST SUITE 9354, MIAMI FL 33166
(Principal office address)

8345 NW 60TH ST SUITE 9354, MIAMI FL 33166
(Current mailing address)

8. business expansion & setup
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

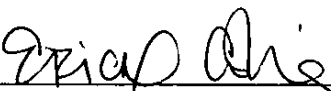
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ERICA COLLINS JONES

Office Address: 5223 HAWKSTONE TR
SANFORD, Florida 32711
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: ERICA COLLINS JONES

Address: 5223 HAWKSTONE TR
SANFORD, FL 32771

Vice Chairman: SAME AS ABOVE

Address: _____

Director: SAME AS ABOVE

Address: _____

Director: SAME AS ABOVE

Address: _____

B. OFFICERS

President: SAME AS ABOVE

Address: _____

Vice President: SAME AS ABOVE

Address: _____

Secretary: SAME AS ABOVE

Address: _____

Treasurer: SAME AS ABOVE

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Erica Collins Jones
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. ERICA COLLINS JONES

(Typed or printed name and capacity of person signing application)

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CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **DESIGNER HEALTH CENTERS, INCORPORATED**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 8, 2010, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 6, 2011.




ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20110606-3586
You may verify this electronic certificate
online at <http://www.nvsos.gov/>