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Florida Department of State

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION
NEUROMISSION CORP

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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME
The name of the corporation shall be: NEUROMISSION CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address:	Mailing address, if different is:
2561 SW 192 TERRACE	2561 SW 192 TERRACE
MIRAMAR, FL 33029	MIRAMAR, FL 33029

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO HELP VICTIMS OF STROKE, PARKINSON'S, ALZHEIMER'S AND A.L.S., NEUROLOGICAL DISEASES BY RAISING AWARENESS AND FUNDS THROUGH EVENTS AND FUNDRAISERS.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: BY THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EMMANUEL GORRIN
Address: PRESIDENT, 2561 SW 192 TERRACE, MIRAMAR, FL 33029

Name and Title: NASTASSIA VEULENS
Address: VIC-PRESIDENT, 2561 SW 192 TERRACE, MIRAMAR, FL 33029

Name and Title: ADRIENNE CERRA
Address: DIRECTOR, 2561 SW 192 TERRACE, MIRAMAR, FL 33029

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: EMMANUEL GORRIN

Address: 2561 SW 192 TERRACE

MIRAMAR, FL 33029

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: EMMANUEL GORRIN

Address: 2561 SW 192 TERRACE

MIRAMAR, FL 33029

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/27/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

x Emmanuel Gorrin 05/27/2016

Required Signature of Registered Agent — Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

x Emmanuel Gorrin Natassia Sandoz Alina Cerra 05/27/2016

Required Signature of Incorporator — Date

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