POOO00004554

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: _	Dimensional He (Proposed corp	orate name nust include su	ffix)	- :
		* · · · · · · · · · · · · · · · · · · ·	0003156: -03/03/000 *****88.00	1083-016 *****87.50
Enclosed is an or	riginal and one(1) copy of the articl	es of incorporation and a	check for:	
☐ \$70.0 Filing Fe	* · - · · -	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FRO	M: Elizabeth Allen Name (F	+ Daniel J.CA Printed or typed)	Stro	<u></u>
	P.O. Box 80-2	2534 Address	SECURITION TALLLAHA	
	Aventura F	1. 33280-25 State & Zip		5 5 7 1 1 1 1 1
	0 - 000	3 3 7 4 4 4		<u> </u>

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

(1.C. 3.5.00

<u>1,</u>

ARTICLES OF INCORPORATION The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. ARTICLE I The name of the corporation shall be: Dimensional Healing and Therapy, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: P.O. Box 80-2534 Aventura FL. 33280-2534 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 Shares INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Elizabeth Allen 809 N.E. 1994 Street # 108 NMB, FL. 33179 ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: N. Castro Elizabeth Allen P.O. Box 80-2534 Aventura F1. 33280-2534

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process certificate, I hereby accept the appointment as registered agent and a provisions of all statutes relating to the proper and complete performance of my position as registered agent	ss for the above stated corporation at the place designated in this gree to act in this capacity. I further agree to comply with the rmance of my duties, and I am familiar with and accept the
Elizabeth Allen Signature Registered A goot	3-2-00

Date