

TRANSMITTAL LETTER

PO0000082117

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

SUBJECT: BODY/MIND INSTITUTE of Alternative Medicine
(Proposed corporate name - must include suffix) Corporation

100003373001--0
-08/25/00--01045--017
*****87.50 *****87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: LEONOR MURCIANO - LUNA
Name (Printed or typed)

18170 NW 18 STREET
Address

Pembroke Pines, FL 33029
City, State & Zip

(954) 355-0101
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 25 AM 10:41

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

JP 8/30/00

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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 25 AM 10:41

ARTICLE I NAME

The name of the corporation shall be: Body MIND Institute of Alternative
Medicine Corporation

ARTICLE II PRINCIPAL OFFICE

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

18170 NW 18 St.
Pembroke Pines, FL 33029

ARTICLE III SHARES

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

10

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

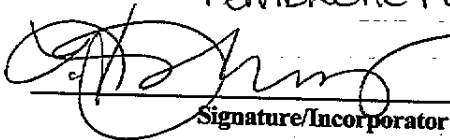
The name and Florida street address of the initial registered agent are:

Leonor Murciano-Luna
18170 NW 18 St.
Pembroke Pines, FL 33029.

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Leonor Murciano-Luna
18170 NW 18 St.
Pembroke Pines, FL 33029.

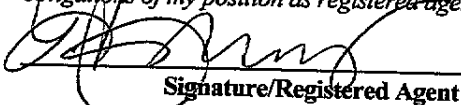

Signature/Incorporator

8-22-00

Date

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

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/Registered Agent

8-22-00

Date