Michelle Michelle Michelle Address N. Mia. Bch.	Show les Blvd. Z 33160	Charter Number Only FILED OUNCE TO AM 9: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
City State 941). 1985 A -	2000033812023 -09/05/0001022006 *****78.75 ******78.75	
CORPORATION(S) NAME			
All a			
() NonProfit	() Amendment	() Mark	
() Foreign () Limited Partnership	() Annual Report () Reservation	() Other () Change of Registered Agent	
() Reinstatement () Certified Copy	() Photo Copies	() Certificate Hoder Seal I	
() Reinstatement () Certified Copy () Call When Ready	() Photo Copies () Call If Problem I Wait) Pic	() Certificate Under Seal () After 4:30	

CR2E031 (R8-85)

ARTICLES OF INCORPORATION

OF

FILED

00 SEP -5 AM 9: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ALL ABOUT WELLNESS, INC.

ARTICLE I - NAME

The name of the Corporation is ALL ABOUT WELLNESS, INC..

ARTICLE II - ADDRESS

The principal office, or mailing address of the Corporation is 11514 N.W. 10th Street, Pembroke Pines, Florida 33026.

ARTICLE III - DURATION

This Corporation shall have perpetual existence.

ARTICLE IV - PURPOSE

The purpose of this Corporation is to engage in the transaction of any and all business permitted under the laws of the United States and of this State.

ARTICLE V - CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any time is one thousand (1000) shares of common stock having the par value of One (\$1.00) Dollar.

ARTICLE VI - PREEMPTIVE RIGHTS

The Corporation elects to have preemptive rights in accordance with the provisions of Florida Statutes Section 607.0603, pursuant to the terms and conditions, if any, prescribed by the board of directors.

ARTICLE VII - REGISTERED OFFICE AND AGENT

The initial registered office of this Corporation is 297 Sunny Isles Boulevard, Sunny Isles Beach, Florida 33160. The initial registered agent at such address is Jeffrey Roy Cohen, Esq.

ARTICLE VIII - DIRECTORS

The Corporation shall have two directors initially, whose names and street addresses are as follows:

NAME

ADDRESS

Matusha M. Pardo

11514 N.W. 10th Street Pembroke Pines, Florida 33026

Alberto Pardo

11514 N.W. 10th Street Pembroke Pines, Florida 33026

ARTICLE IX - INCORPORATOR

The name and street address of the incorporator of this Corporation is as follows:

NAME

ADDRESS

Jeffrey Roy Cohen

297 Sunny Isles Boulevard Sunny Isles Beach, Florida 33181

IN WITNESS WHEREOF, the undersigned incorpora	tor has executed the foregoing Articles
of Incorporation this 31 day of	2000.
	INCORPORATION
STATE OF FLORIDA COUNTY OF MIAMI-DADE	
Before me personally appeared Jeffrey Roy Cohe described in and who executed the foregoing Articles of Income that he executed the same for the purposes therein ex	corporation, and acknowledged before
Witness my hand and official seal in the County an, 2000.	d State named this day of
	NOTARY PUBLIC STATE OF FLORIDA AT LARGE
My Commission Expires:	
Personally Known OR Produced Identification Type of Identification Produced	

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, 00 SEP -5 AM 9: 35 NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

In compliance with Section 48.091, Florida Statutes, the following is submitted:

ALL ABOUT WELLNESS, INC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at 11514 N.W. 10th Street, Pembroke Pines, Florida 33026, has named Jeffrey Roy Cohen, Esq., located at 297 Sunny Isles Boulevard, Sunny Isles Beach, Florida 33160, as its agent to accept service of process within Florida.

> Signature Corpora Officer) Title Date

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 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.

Signature

(Registered Agent)

Date