TRANSMITTAL LETTER

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

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SUBJECT: UTOPIAN WETLNESS COACHENG THE (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

en is an originar	and one(1) copy of th	e articles of incorporati	on and a check for:		
Filing Fee	\$78.75 Filing Fee & Certificate of Statu		☐ \$87.50 Filing Fee, Copy Certified C & Certifica Status NAL COPY REQUIR	Copy ate of	
FROM:		CHATHAM Name (Printed or typed) Address	CIRCLE	SECRETARY OF STA	
	LAKE (561)9	City, State & Zip 24-6/55 vtime Telephone number	, FL . 33467 (561)534-0	-	

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAMEThe name of the corporation shall be: UTOPIAN WELLNESS COACHING, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 3462 HARNESS CIRCLE LAKE WORTH, PZ. 33467 ARTICLE III PURPOSE The purpose for which the corporation is organized is: HEALTH CARE SERVICES ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): ANTONY CHATHAM 3462 HARNESS CIR LAKE WORTH, FL. 33467 REGISTERED AGENT ARTICLE VI The name and Florida street address of the registered agent is: ANTONY CHATHAM 3462 HARNESS CIR LAKE WORTH, FZ. 33467 I INCORPORATOR ARTICLE VII The name and address of the Incorporator is: ANTONY CHATHAM 3462 HARNESS CIR LAKE WORTH, P. 33467

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