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To:

Division of Corporations

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From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone

: (305)634~3694

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FLORIDA PROFIT CORPORATION OR P.A.

MIA A. HIGGINBOTHAM, D.C., P.A.

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ARTICLES OF INCORPORATION

OF

MIA A. Higginbotham, D.C., P.A.

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE | NAME

The name of the corporation shall be: MIR A. Higgin bothom, D.c., P.A.

ARTICLE II DURATION

This corporation should have perpetual existence.

ARTICLE III PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: $2230 \text{ N.f. } 123^{\text{Rd.}} \text{ St.}$

MORTH MIAMI, FL. 33181

ARTICLE IV PURPOSE

The purpose of this corporation shall be:

Chinoppactic, Medical Treatment

ARTICLE V CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: $\frac{900}{100}$ shares having an individual par value of $\frac{900}{100}$.

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ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MIAA. HIGGINGOTHAN 3300 NE 192nd & #919 ANENTURA, FL. 33180

ARTICLE VILBOARD OF DIRECTOR(S)

The name and address of the initial board of directors shall be:

MIAA HIGGIN BOHAM.
3300 DE 19514 24 # 914

Aventor, FC 33180

ARTICLE VIII INCORPORATORIS)

The name and address of the incorporator(s) to these Articles of incorporation shall be:

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CERTIFICATE OF DESIGNATION REGISTERED AGENTIREGISTERED OFFICE

MIA A. Higginbotham, D.C., P.A.

(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION. 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.

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