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TRANSMITTAL LETTER

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

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-07/12/02--01037--011
*****87.50 *****87.50

SUBJECT: ARTHRITIS RELIEF CENTERS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

02 JUL 12 AM 9:31
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed are 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: JOSE ALBERTO SANCHEZ
Name (Printed or typed)

2101 W. COMMERCIAL BLVD #3500
Address

FORT LAUDERDALE, FL, 33326
City, State & Zip

954-632-9682
Daytime Telephone number

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

8/7/15

ARTICLES OF INCORPORATION
OF
ARTHRITIS RELIEF CENTERS, INC.

FILED
02 JUL 12 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

ARTHRITIS RELIEF CENTERS, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully Arthritis Relief Center.

To the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have power:

To have perpetual succession by its corporate name.

ARTICLE IV

The aggregate number of shares, which the corporation shall have authority to issue, is the total sum of 1,000 shares, having an individual per value of \$ 1 (ONE dollar).

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial principal office and the name of the initial Resident Agent of this corporation shall be:

The principal office shall be:

2101 W. Commercial Boulevard, Suite 3500
Fort Lauderdale, FL, 33309

The initial Resident Agent of this corporation shall be:

Brad Hayes
6717 S. Yale, Suite 110
Tulsa, OK, 74136

ARTICLE VI

The initial Board of Directors shall consist of a total of Two (2) persons, and the name and address of the persons who is to serve as an initial directors are:

JOSE ALBERTO SANCHEZ-BANARD
16720 HARBOR CT.
WESTON, FL, 33326

BRAD HAYES

6717 S. Yale, Suite 110

Tulsa, OK, 74136

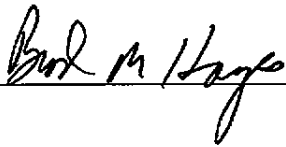
The name and address of the incorporator executing these Articles of
Incorporation is:

Brad Hayes

6717 S. Yale, Suite 110

Tulsa, OK, 74136

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles
of Incorporation this 27 of June of 2002.



CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

FILED
02 JUL 12 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.- THE NAME OF THE CORPORATION IS:

ARTHRITIS RELIEF CENTERS, INC.

2.- THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

BRAD M. HAYES
2101 W. Commercial Blvd., Suite 3500
Fort Lauderdale, FL, 33309

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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

Brad M. Hayes

DATE

07/05/2002