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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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FLORIDA PROFIT CORPORATION OR P.A.

DANIEL ATCHISON-NEVEL A.P., P.A.

Certificate of Status	0
Certified Copy	1
Page Count	01
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9-3-02
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

DANIEL ATCHISON-NEVEL A.P., P.A.**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

**18260 NE 19 AVENUE #201
NORTH MIAMI BEACH, FLORIDA 33162****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ACUPUNCTURE SERVICES AND
CHINESE HEALTHCARE****ARTICLE IV SHARES**

The number of shares of stock is:

500 SHARES**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

**DANIEL ATCHISON-NEVEL, PRESIDENT
18260 NE 19 AVENUE #201
NORTH MIAMI BEACH, FLORIDA 33162****ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

**DANIEL ATCHISON-NEVEL
18260 NE 19 AVENUE #201
NORTH MIAMI BEACH, FLORIDA 33162****ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

**DANIEL ATCHISON-NEVEL
18260 NE 19 AVENUE #201
NORTH MIAMI BEACH, FLORIDA 33162**

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

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