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TRANSMITTAL LETTER

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

Enclosed are an original and one (1) copy of the arti	cles of incorporation and	a check for:		
Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status		
	ADDITIONAL CO	PY REQUIRED		
FROM: Pamela Ringto Name (Printed or typed)				
1408 N. Ki	Ilian Drive	2 井112		
Lake Park city,	Horida 33	3403		
(561) 842 4 Daytime To	1237 elephone number			

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 The name of the corporation shall be: The Healing Light - Laser Therapy ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1408 N. Killian Drive #112 Luke Park, H. 33403 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Business Smoking cessations ARTICLE IV SHARES The number of shares of stock is: 10 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Panela Rinato 5126 S.W. Bimini Circle S. Palm City, 71 3\$990 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Yumela Rinata 5126 S.W. Bimini circles Fulm CHY, 71-34990 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Yumela Rinato 5126 S.W. Bimini circle S. Pulm City, 71-34990 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/Incorporator