Division of Corporations

P03000121776

Florida Department of State

Division of Corporations
Public Access System

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

From:
Account Name : PROFESSIONAL VISA, INC.
Account Number : I20020000173
Phone : (305)639-4737
Fax Number : (305)639-4725

FLORIDA PROFIT CORPORATION OR P.A.

Q. M. Hand & Feet Health, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	$78.75

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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:

Q. M. Hand & Feet Health, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4995 NW 72 Av. Suite 205
Miami, Fl. 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any or all lawful activities or business permitted under the laws of The United States, the State of Florida , or any others states ,country ,territory, or nation.

ARTICLE IV SHARES

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

One thousand shares at one dollar par value.

Name:	**Shares:**
Quiropedia Médica Daymar C.A.	52%

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

President: Nelson Díaz
4995 NW 72 Av. Suite 205
Miami, Fl. 33166

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ARTICLE VI REGISTERED AGENT

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

Nelson Díaz
4995 NW 72 Av. Suite 205
Miami, Fl. 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nelson Díaz
4995 NW 72 Av. Suite 205
Miami, Fl. 33166

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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**