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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Bm 1/23

SIMA ACCOUNTING SERVICES, INC.

SILVIA M. GARCIA, EA
6110 S.W. 24 ST. MIAMI, FL 33155

Ph: 305-663-5303
Fax: 305-663-2722
E-mail: simacct@bellsouth.net

January 10, 2004

Department of State
Division of Corporation
Post Office Box 6327
Tallahassee, Florida 32314

Ref: WELLBEING GROUP, INC.

Dear Sirs:


Enclosed is an original and a copy of the Articles of Incorporation of the above referenced entity for filing by the Dept. of State. Also enclosed is a check in the amount of \$78.75 as payment for the following:

Filing Fees & Certificate \$ 78.75

Please return a certified copy of the Articles of Incorporation to me as soon as it has been filed.

Should you have any questions, please call me at (305) 663-5303.

Sincerely,



Silvia M. Garcia
President – Sima Accounting Services, Inc.

ARTICLES OF INCORPORATION

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I - Name

The name of the corporation shall be: **WELLBEING GROUP, INC.**

ARTICLE II – Principal Office

The principal place of business and mailing address of this corporation shall be:

**1046 Milan Avenue
Coral Gables, Fl. 33134**

ARTICLE III – Capital Stock

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One hundred Shares (100), Common Stock, \$2.00 par value per share.

ARTICLE IV – Terms of Existence

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.

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ARTICLE V – Nature of Business

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business
- (2) Said corporation shall further have powers:
To have perpetual succession by its corporate name.

ARTICLE VI – Initial Registered Agent

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

**Beatriz Osorio
1046 Milan Avenue
Coral Gables, Fl 33134**

ARTICLE VII – Incorporator(s)

The name(s) and street address(es) of the incorporator(s) to these articles of incorporation is(are):

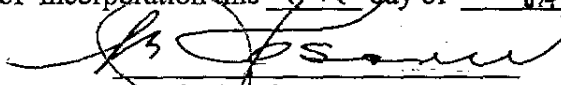
**Beatriz Osorio
1046 Milan Avenue
Coral Gables, Fl. 33134**

ARTICLE VII – Directors/Officers

The name(s) and street address(es) of the directors/officers to these Articles of Incorporation is(are):

President/Secretary: Beatriz Osorio
1046 Milan Avenue
Coral Gables, Fl. 33134

IN WITNESS WHEREOF, the undersigned incorporator has(ve) executed these Articles of Incorporation this 10th day of JANUARY, 2004.


Beatriz Osorio

STATE OF FLORIDA }
 } SS.
COUNTY OF MIAMI DADE }

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared _____ known to me and known by me to be the Person(s) who executed the foregoing Articles of Incorporation, and he/she acknowledge before me that he/she executed those articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 10th day of JANUARY 2004.


NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My Commission Expires:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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 OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: WELLBEING GROUP, INC.

2. The name and address of the registered agent and office is:

BEATRIZ OSORIO

(Name)

1046 MILAN AVENUE

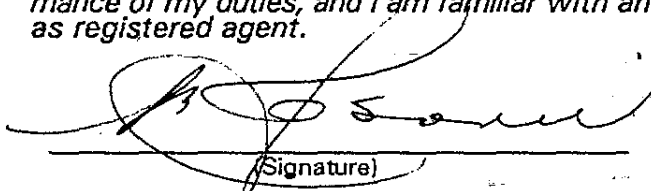
(P.O. Box not acceptable)

CORAL GABLES, FL. 33134

(City/State/Zip)

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the 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)