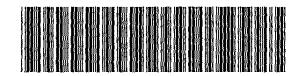
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(Re	equestor's Name)	
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PICK-UP	MAIT WAIT	MAIL
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Certified Copies	Certificates	of Status
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TRANSMITTAL LETTER

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

\$70.00	□ \$78.75	\$78.75	\$87.50
ling Fee	_	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
			Status
		ADDITIONAL CO	
	2012 DuTches	Address	
	Winter Par	6 FL 3	2767

SUBJECT: alpha Weight and Wellness Medical Clinic, PA
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

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

AUTHORIZATION BY PHONETO

CORRECT V E V T

DATE 5 9 04

DOC. EXAM

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
The name of the corporation shall be: U4 MAR -1 PM 4: 16
cupha weight and wellness wenter clinic, PA JOHETARY OF STATE
The name of the corporation shall be: Olyman - 1 PM 4: 16 Olyman Weight and Wellness Medical Clinic, PA CENTERRY OF STATE MALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
172 South SemorAN BLUG.
OLLANDO, FL 32807
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
weight and wellness and Primary Care
medical clinic
ARTICLE IV SHARES The number of shares of stock is: / // //
The number of shares of stock is: \\ \(\lambda \) \(\O \)
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):
TOMERAD FILD MAD
Florencio Ello, MD -V Regina Ello: VP
Add: Some as Above Regina Ello: VP Linda d'Amato - Sacretary, TREASURER Add: Some as Above
Add: some as of me
The state of the s
ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:
Florencia Ello
2012 Dutchess Lone
W. nter Park, FL 32792
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Florencio E110
2012 Outcheso Lone, winter Park FL 32792

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
Dlouned Odelo, no 2/24/09
Signature/Registered Agent Date
Danie 15016 100 2/24/20

Signature/Incorporator

Date