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OFFICE USE ONLY(DOCUMENT#)			
LAZARUS CORPORATE FILIN	GSERVICE		
	G SERVICE		
3320 S.W. 87 AVENUE	,		
MIAMI, FLORIDA (305)552-5973			
	OFF	ICE USE ONLY	
CORPORATION NAME(s) & DO	CTIMEN'E NTIMBED (c)	(if known) •	
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NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	NonProfit Resignation of R.A., Officer/Director		
. Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Other	Merger		
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OTHER FILINGS	REGISTRATION/		
Annual Report	QUALIFICATION		
Fictitious Name	Foreign		
	Limited Partnership		
Name Reservation Reinstatement			
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Examiner's Initials

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 1 - NAME

The name of the corporation shall be:

Soul Medical Inc.



ARTICLE II - PRINCIPAL OFFICE

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

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Leyanis Perez 6580 west Flagler St #304 miami Peorioa 33144

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: Leyanis levez

1580 w Flagler st. Apt # 304 miami PLORIDA 33144

The undersigned incorporator has executed these Articles of Incorporation this // day of 1917 #12005.

Signature

ARTICLE VI- DIRECTOR(S)

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

Leyanis Periz

Procident

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature