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CORPORATION NAME(S) & DOCUMEN	NT NUMBER(S), (if known):
TAPIA CHIROPAN (Corporation Name)	CTIC CENTER, FNC ~ (Document #)
2. (Corporation Name)	(Document #)
3	•
(Corporation Name)	(Document #)
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Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

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.



<u>ARTICLE I - NAME</u>

The name of the corporation shall be:

TAPIA CHIROPPACTIC CENTER, INC.

ARTICLE II - PRINCIPAL OFFICE

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

945 ASW 87 Ave. MIAMI, FL 33174

ARTICLE III - SHARES

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

00

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

201 and 0 Cm2 860 SW 129 PL #101 Miami, FL 33184

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: Palando CM2
860 SW 129 PL # 101
MIAMI, FL 33184
The undersigned incorporator has executed these Articles of Incorporation this Ioday of January 2006
Signature
ARTICLE VI DIRECTOR(S)
The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are): Polando Cruz President
860 SW 129 PL # 101
Miami, EL 33184.

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