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Certified Copies Certificates of Status			
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Special Instructions to Filing Officer			
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SECRETARY OF STATE

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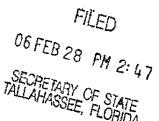
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LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-59	973	·			•	
	•		Office Use Only			
CORPORATION NAME(S) & DOCUM	ENT NUM	BER(S), (if I	cnown):	,		
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(Corporation Name) Walk in Pick up time 2 Mail out Will wait	•		Certified Certificate		us	
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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 I - NAME

The name of the corporation shall be:

KMGK WELL NESS CENTER CORP.

ARTICLE II - PRINCIPAL OFFICE

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

9600 S.W. 8 ST. Suite #47. 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:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SORELYS GUTIERREZ 15041 SW 23 LN. MIAMI PL 33185

ARTICLE V - INCORPORATOR

Incorporation is:

The name and street address of the incorporator to these Articles of

GUSTAUD CRUZ	`. ·
15041 SW 23 LN.	
MIAMI PL 33185	
The undersigned incorporator has executed these Articles of Incorporation this 27 day of FEBruary 2006	
$(\mathcal{O}(\mathcal{S}))$	
Signature	
ARTICLE VI DIRECTOR(S)	
The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):	
GUSTAUD CRUZ PRESIDENT	
MANUEL N. BARBEITE VICE-PRESIDENT	100% SHAROHO
Sorelys GUTIERREZ SECRETARY	

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

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE