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DIVISION OF CORPORATION

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# **LAZARUS**

CR2E031(7/97)

CORPORATE FILING SERVICE 3320 SW 87<sup>TH</sup> AVENUE MIAMI, FL 33165 305-552-5973

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COR	PORATION NAME(S) & DOCUM	ENT	NUMBER(S), (if known):		
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	Annual Report Fictitious Name		Foreign Limited Partnership Reinstatement Trademark Other		

Examiner's Initials

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

# ARTICLES OF INCORPORATION 06 JUL 20 PM 3: 38

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: Natural Body Treatment Corp.

### **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:  ${}_{\dagger} \bigcirc \bigcirc$ 

#### ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SECRETARY OF STATE DIVISION OF CORPORATIONS

06 JUL 20 PM 3: 38

## **ARTICLE V - INCORPORATOR**

The name and str	eet address of ti	he incorporator to	these Article	s of
Incorporation is:	Sandra	- ,		
	Sanctra	Diaz		
	3000 SW	310 ALE	サイフリ	
	Hiami	Florida	33129	

The undersigned incorporator has executed these Articles of Incorporation this 19 day of 3819 - 2006

**ARTICLE VI DIRECTOR(S)** 

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

Sandra f. Diaz (P) 3000 SW 3rd Ave #1514 Miami Florida 33129

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