Division of Corporations

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Division of Corporations

Fax Number : (850)205-0381

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839 Fax Number: (305)716-0346

FLORIDA PROFIT/NON PROFIT CORPORATION

BELVEDERE INJURIES, INC.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

of

Belvedere İnjuries, Inc. (Name of Corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE 1- CORPORATE NAME

The name of the corporation is:

Belvedere Injuries, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida Law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of operating a chiropractor/rehabilitation office.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue six hundred shares (600) of one dollar (S) (1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial Registered Agent office and the name of the Initial Registered Agent at that office are:

NAME Osiel Iglesias
ADDRESS 807 Belvedere Road
CITY West Palm Beach, Fl. 33405

The principal office, if known or the mailing address of the corporation is:

NAME Belvedere Injuries, Inc.
ADDRESS 807 Belvedere Road
CITY West Palm Beach, Fl. 33405

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) director(s) initially. The number of directors may be either increased or diminished from time to time by the bylaws, but shall never be less; than one (1). The names and addresses of the initial director(s) of the corporation are as follow:

ADDRESS CITY	5291 Wallis Roa West Palm Beach		33415
NAME ADDRESS CITY		 	
NAME ADDRESS CITY		_ 	
NAME ADDRESS CITY			

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporates signing these Articles of Incorporation are as follows:

NAME ADDRESS CITY	Osiel Ig 5291 Wal West Pal	lesias lis Road m Beach,	Fl. 334	<u>15</u>		
NAME ADDRESS CITY	patesta		 -			
NAME ADDRESS CITY			-			
NAME ADDRESS CITY						,
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have exe	ESS WHERE ecuted th JANUARY 2	ese Artic	undersig cles of	ned and Incorpo	d subscri oration t	ber(s) his 27 th
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CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

Belvedere Injuries, Inc. (Name Corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

At: Belvedere Injuries, Inc.
807 Belvedere Road
West Palm Beach, FL. 33405

Has named Osiel Iglesias

Located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(REGISTERED AGENT