

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: After Math Wellness Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Anthony S. Swain
Name (Printed or typed)

4220 N.W. 22nd
Address

Miami, FL 33142
City, State & Zip

786 431 1027
Daytime Telephone number

SCI MEDICAL @ Hotmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

2010 MAY -4 P 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

AFTERMATH WellNESS INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

12010 N.W. 7TH AVENUE
NORTH MIAMI, FL 33168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO BE AN ASSITT TO THE COMMUNITY

ARTICLE IV SHARES

The number of shares of stock is:

3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

CEO \rightarrow ANTHONY SWAIN 1914 N.W. 43RD MIAMI FL 33142

List name(s), address(es) and specific title(s):

- ① - Demadetisha McCleod 1600 N.W. 7th Ct. 301B 33136 Miami, FL
 - ② - FUSTINA RIVERA 1748 NW 60 Street MIAMI, FL 33142
- ① = Secretary ② Treasury

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

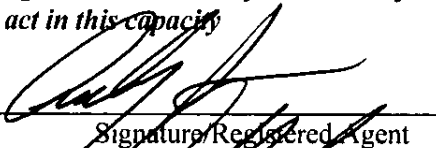
ANTHONY SWAIN 1914 N.W. 43RD MIAMI, FL 33142

ARTICLE VII INCORPORATOR

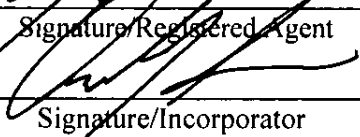
The name and address of the Incorporator is:

ANTHONY SWAIN 1914 N.W. 43RD
MIAMI, FL 33142

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

4/26/10
Date

4/26/10
Date