

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
MY BODY HEALTH CARE PROFESSIONAL, CORP.**

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June 16, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations
LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: MY BODY HEALTH CARE PROFESSIONAL, CORP.
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P.O BOX 6327 - Tallahassee, Florida 32314

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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:

MY BODY HEALTH CARE PROFESSIONAL, CORP.

ARTICLE II - PRINCIPAL OFFICE

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

13400 S.W. 67th ST., MIAMI FL., 33183

ARTICLE III - SHARES

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

100 SHARES

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROLANDO HERNANDEZ, JR.
13400 S.W. 67th St.
MIAMI, FL., 33183

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ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

ROLANDO HERNANDEZ, JR.
13400 S.W. 57th St.
MIAMI, FL., 33183

The undersigned incorporator has executed these Articles of Incorporation this

15th day of JUNE 20 10


SignatureARTICLE VI - DIRECTOR(S)

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

ROLANDO HERNANDEZ, JR.
13400 S.W. 67th St.
MIAMI, FL., 33183

PRESIDENT & SECRETARY

ELIZA SALA
8240 S.W. 45th St
MIAMI, FL., 33155

TREASURER

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

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