

## Florida Department of State

Division of Corporations
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# FLORIDA PROFIT/NON PROFIT CORPORATION HEALTH EVOLUTION THERAPY CENTERS INC.

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DIVISION OF CORPORATION

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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.

#### <u>ARTICLE I – NAME</u>

The name of the corporation shall be:

Health Exolution Therapy Centers inc.

#### <u> ARTICLE II – PRINCIPAL OFFICE</u>

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

27 DAGE SUITE: 248 HOMI FL マドドピピ

### <u>ARTICLE III – SHARES</u>

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

## <u>ADDRESS</u>

The name and address of the initial registered agent is:

YURIT FONSECA 2460 SW 137 AVE SUITE 248 Miami FL 33175 H 1 8 8 8 8 8 8 8 8 8 8 8 8 8

## H10000154032 ARTICLE V-INCORPORATOR

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

TURIT FONSECA. 2460 SW 137 AVE SUITE 2

Miami FL 33175

The undersigned incorporator has executed these Articles of Incorporation this

Flyon

day of JULY

Signature

#### ARTICLE VI- DIRECTOR (S)

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

YURIT FONSECA (P)

DIVISION OF CORPORATION

## 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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