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**FLORIDA PROFIT/NON PROFIT CORPORATION
NATURAL HEALTH CLINIC INC**

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ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 HEALTH CLINIC INC

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS
CORPORATION SHALL BE:

3900 N.W. 79 Ave Suite 515
MIAMI FL. 33166

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION
IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

REINA K. SARMIENTO
709 S. ROYAL POINCIANA BLVD
Apt 217 MIAMI SPRINGS FL 33166

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ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE
ARTICLES OF INCORPORATION IS:

REINA K. SARMIENTO
709 S. ROYAL POINCIANA Blvd
Apt 217 Miami Springs FL 33166

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES
OF INCORPORATION THIS

29 DAY OF July, 2010


SIGNATURE

ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO
THESE ARTICLES OF INCORPORATION IS (ARE):

REINA K. SARMIENTO, PRESIDENT.

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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