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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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J. Shivers JAN 12 2011

LAZARUS

CORPORATE FILING SERVICE

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MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. MIAMI-DADE GROUP SERVICES,
(Corporation Name) (Document #)
2. INC.
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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NEW FILINGS

- Profit
 Not for Profit
 Limited Liability
 Domestication
 Other

AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

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Examiner's Initials

ARTICLES OF INCORPORATION

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

ARTICLE I NAME MIAMI-DADE GROUP SERVICES, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
11242 SW 129TH COURT
MIAMI, FLORIDA 33186

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
MESSAGE THERAPY

ARTICLE IV SHARES

The number of shares of stock is 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN I. CARRION, PSTD Name and Title: _____
Address: 11242 SW 129TH COURT Address: _____
MIAMI, FLORIDA 33186

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: JUAN I CARRION
Address: 11242 SW 129TH COURT
MIAMI, FLORIDA 33186


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUAN I CARRION
Address: 11242 SW 129TH COURT
MIAMI, FLORIDA 33186

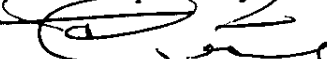
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent 01/06/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator 01/06/2011
Date