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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

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From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ABOUT WELLNESS CHIROPRACTIC CENTER, INC.**

Certificate of Status	0
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

ABOUT WELLNESS CHIROPRACTIC CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6820 NOVA DRIVE #104

DAVIE, FLORIDA 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT

ROSALYN W MILLER

6820 NOVA DRIVE #104

DAVIE, FLORIDA 33317

VICE PRESIDENT

TERRI ALESSI EDMISTON

6820 NOVA DRIVE #104

DAVIE, FLORIDA 33317

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

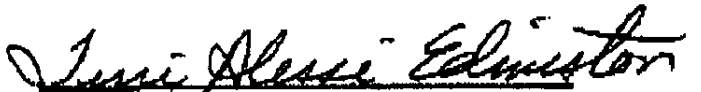
TERRI ALESSI EDMISTON
6820 NOVA DRIVE #104
DAVIE, FLORIDA 33317

ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

ROSALYN W MILLER
6820 NOVA DRIVE #104
DAVIE, FLORIDA 33317

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.


TERRI ALESSI EDMISTON / Registered Agent

3-4-11
Date


ROSALYN W MILLER / Incorporator

3-4-11
Date

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