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Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
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FLORIDA PROFIT/NON PROFIT CORPORATION

GOOD PRAXIS, INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION
OF

12 DEC -6 AM 10: 16

GOOD PRAXIS, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned hereby forms a Corporation under the following charter of Articles of incorporation:

ARTICLE I

The name of this Corporation shall be:

GOOD PRAXIS, INC.

ARTICLE II

The principal place of business/mailling address is:

**2784 S OCEAN BLVD, SUITE 103E
PALM BEACH FL 33480**

ARTICLE III

This Corporation is organized for the purpose of transacting any or all-lawful business.

ARTICLE IV

The aggregate number of shares which the corporation has authority to issue is one-thousand (1,000) shares of common stock having a par value of \$1.00 each. The Corporation elects to have preemptive rights for its shareholders.

ARTICLE V

This Corporation shall have TWO (2) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of this Corporation are:

**IRVINE NUGENT
2784 S OCEAN BLVD, SUITE 103E
PALM BEACH FL 33480**

**JENNIFER WILSON
231 WALTON BLVD
WEST PALM BEACH FL 33405**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI

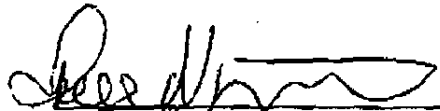
The name and address of the initial registered agent of this corporation is:

IRVINE NUGENT
2784 S OCEAN BLVD, SUITE 103E
PALM BEACH FL 33480

ARTICLE VII

The name and address of the incorporator (s) of this corporation are:

IRVINE NUGENT
2784 S OCEAN BLVD, SUITE 103E
PALM BEACH FL 33480


IRVINE NUGENT INCORPORATOR

12/6/12

DATE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned Corporation, organized under the laws of the state of Florida, submits in the state of Florida.

1. The name of the Corporation is:

GOOD PRAXIS, INC

The name and address of the registered agent and office is:

**IRVINE NUGENT
2784 S OCEAN BLVD, SUITE 103E
PALM BEACH FL 33480**

Having been named as registered agent and to accept service of process for the above stated Corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


IRVINE NUGENT /REGISTERED AGENT

12/6/13
DATE

H120007862A