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**FLORIDA PROFIT/NON PROFIT CORPORATION
LYMPHATIC SPECIALIST, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
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ARTICLES OF INCORPORATION
OF

LYMPHATIC SPECIALIST, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: LYMPHATIC SPECIALIST, INC.

The principal place of business of this corporation shall be: 6990 SW 110 CT
MIAMI, FL 33173

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation. (PHYSICAL THERAPIST)

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1000 Shares

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

P MARINA MADURO
 6990 SW 110 CT
 MIAMI, FL 33173

VP LAURA CASTROVIEJO
 13349 SW 122 AVE
 Miami, FL 33186

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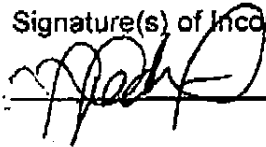
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

MARINA MADURO
6990 SW 110 CT
MIAMI, FL 33173

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 11th Day of October AD 2013.

Signature(s) of Incorporator(s)



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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.


1. The name of the corporation. LYMPHATIC SPECIALIST, INC.

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

MARINA MADURO
6990 SW 110 CT
Miami, FL 33173

Signature:  _____
 Title: _____
 Date: 10/11/13

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of section 607.325, Florida Statutes.

Signature:  _____
 Date: 10/11/13

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