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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVECE, INC.

Account Number : I2000000019

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: (305)552-5973

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T	Address:		
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### FLORIDA PROFIT/NON PROFIT CORPORATION **ENERGY BODY WORK SOLUTIONS INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

### H14000003324

#### ARTICLES OF INCORPORATION

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:

Energy Body Work Solutions Inc.

#### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

16317 SW 100 TERR Miami FL 33196

#### ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

# ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Clara I. Camacho 16317 SW 100 TERR Miami FL 33196

## H140000003324

#### ARTICLE V-INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:					
CLARA I CAMACHO	<u>*</u>	14			
16317 SW 100 TERR		<u>(</u>			
Miami FL 33196	1388 17.	0	ROWN DO		
The undersigned incorporator has executed these Articles of Incorporation	ration t	his	1		
day of20	95 - 95 - 95	•	Ì.,,,		
Dava J. Cancel		35			
Signature					

#### ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Clara I. Camacho (P)

# 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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