

PA000001873

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
TOTAL PROWELLNESS, INC.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Total ProWellness, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

*1900 Coral Way Suite 401
Miami, FL 33145*

ARTICLE III - SHARES

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

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Pablo Fuentes
1900 Coral Way Suite 401
Miami, FL 33145*

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ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

*Pablo Fuentes
1900 Coral Way Suite 401
Miami, FL 33145*

The undersigned incorporator has executed these Articles of Incorporation this

8th day of *JANUARY* 20 *14*


Signature

ARTICLE VI - DIRECTOR (S)

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

- *Pablo Fuentes - President*
- *Alethsejs Lent - Secretary/Treasurer*
- *Yerandix Palenzuela - Vicepresident*
- *Marysel Goiriz - Vicepresident*
- *Pilar Anelys Pereira - Vicepresident*

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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