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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SER

Account Number: I2000000019

Phone

: (305)552-5973

Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION **B & A THERAPY, INC.**

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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:

BRA THERAPY, INC.

ARTICLE II - PRINCIPAL OFFICE

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

2550 NW 72AY SUITE # 113. MIAMI. FL 33122.

ARTICLE III - SHARES

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

00

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ISRAEL CASTELLAND 2550 NW 72AV # 113 MIAMI Fl 33122 12/23/2031 06:18

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2014 FEB 10 AM 10: 47

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ARTICLE V - INCORPORATOR

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

Israel Castellano 2550 NW 72 Ave #113 MIAMI FL 33122

The undersigned incorporator has executed these Articles of Incorporation this ______day of _______20____.

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(3) to these Articles of Incorporation is (are):

Tsrael Castellano - President

<u>CERTIFICATE OF DESIGNATION OF REGISTERED AGENT</u>
<u>/REGISTERED OFFICE</u>

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