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**FLORIDA PROFIT/NON PROFIT CORPORATION
WELLNESS THERAPY SERVICE CENTER INC**

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February 24, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

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February 21, 2014

Florida Department of State

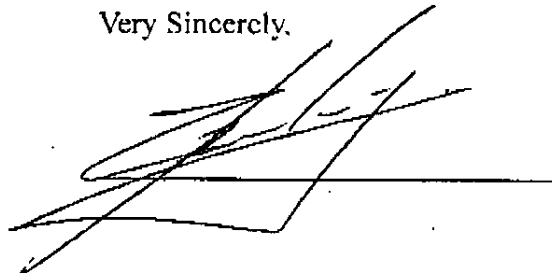
Attention: New Filings Section

To whom it may concern:

Wellness Therapy Service

This is to advise you that the owners of Center Inc of Doc #
P10000084286 are the same owners of the attached articles of
incorporation. We have dissolved the company and have no intention of reopening it. Thank
you for your help in this matter.

Very Sincerely,



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SECRETARY OF STATE
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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:

Wellness Therapy Service Center Inc

ARTICLE II - PRINCIPAL OFFICE

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

701 SW 27 AVE. STE. 960
Miami FL 33135

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:

ROBERTO PEREZ
701 SW 27 AVE. STE 960
Miami FL 33135

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ARTICLE V - INCORPORATOR

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

Roberto Perez
701 SW 27 Ave Suite 960
Miami FL 33135

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(s) to these Articles of Incorporation is (are):

Roberto Perez → President

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.

x _____
Registered Agent Signature / INCORPORATOR.

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