

MAR/17/2014/MON 12:32 PM

FAX No.

P. 001/003

**PI4 000024159**

Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
LA PAIN SOLUTION INC.**

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

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FAX No.

P. 002/003

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

**I.A PAIN SOLUTION INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**19783 NW 64 PLACE**

**HIALEAH, FL 33015**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS**

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**ARTICLE IV SHARES**

The number of shares of stock is:

**SHARES: 100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **IDEL ARMENTEROS (P/D)**

Name and Title:

Address

**19783 NW 64 PLACE**

Address:

**HIALEA, FL 33015**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

MAR/17/2014/MON 12:32 PM

FAX No.

P. 003/003

(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: IDEL ARMENTEROS

Address: 19783 NW 64 PL  
HIALEAH, FL 33015

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: IDEL ARMENTEROS

Address: 19783 NW 64 PL  
HIALEAH, FL 33015

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

03/17/2014

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

03/17/2014

Date