

Electronic Articles of Incorporation For

P14000032355
FILED
April 09, 2014
Sec. Of State
vherring

LEE FAMILY WELLNESS CENTERS, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

LEE FAMILY WELLNESS CENTERS, INC.

Article II

The principal place of business address:

15531 CATALPA COVE DRIVE
FORT MYERS, FL. US 33908

The mailing address of the corporation is:

15531 CATALPA COVE DRIVE
FORT MYERS, FL. US 33908

Article III

The purpose for which this corporation is organized is:

LUIS APONTE HOLDS A VALID MEDICAL DOCTOR (M.D.) LICENSE IN
THE STATE OF FL.

Article IV

The number of shares the corporation is authorized to issue is:

10000

Article V

The name and Florida street address of the registered agent is:

LUIS APONTE
15531 CATALPA COVE DRIVE
FORT MYERS, FL. 33908

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: LUIS APONTE

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Article VI

The name and address of the incorporator is:

LUIS APONTE
15531 CATALPA COVE DRIVE

FORT MYERS FL 33908

Electronic Signature of Incorporator: LUIS APONTE

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: DPST
LUIS APONTE
15531 CATALPA COVE DRIVE
FORT MYERS, FL. 33908 US

Article VIII

The effective date for this corporation shall be:

04/08/2014