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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6381

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Account Name : FASTKIT CORP
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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FLORIDA PROFIT/NON PROFIT CORPORATION

MANNA TREE ALTERNATIVE & INTEGRATIVE MEDICINE INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

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:

MANNA TREE ALTERNATIVE & INTEGRATIVE MEDICINE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1785 CALAIS DRIVE, SUITE #2
MIAMI BEACH, FL 33141

Mailing address, if different is:

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TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALTERNATIVE MEDICINE

ARTICLE IV SHARES

The number of shares of stock is:

ONE THOUSAND (1,000) SHARES @ $1.00 / PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

MARIA C PASCAL
1785 CALAIS DRIVE, SUITE #2
MIAMI BEACH, FL 33141
D/P/VP/T/S - 99%

ALBERTO CORREA
1785 CALAIS DRIVE, SUITE #2
MIAMI BEACH, FL 33141
D - 1%

ARTICLE VI REGISTERED AGENT

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

MARIA C PASCAL
1785 CALAIS DRIVE, SUITE #2
MIAMI BEACH, FL 33141

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARIA C PASCAL
1785 CALAIS DRIVE, SUITE #2
MIAMI BEACH, FL 33141

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 — Date: 5/7/14

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 — Date: 5/7/14

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SECRETARY OF STATE
TALLAHASSEE FLORIDA