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Florida Department of State
Division of Corporations
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Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
1-844-PULL PAIN, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

78480

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(14)

ARTICLES OF INCORPORATION

1-844-PULL PAIN, INC.

The undersigned, desiring to form a corporation under the laws of the State of Florida, by and under the provisions of the Statutes of the State of Florida, providing for the formation, liabilities, rights and privileges and immunities of corporations for profit, certifies that:

ARTICLE I - NAME

The name of this corporation shall be:

1-844-PULL PAIN, INC.

ARTICLE II - PRINCIPAL OFFICE

The initial address of the principal office of the corporation is:

2600 N.W. 16th Street Road
Miami, Florida 33125

ARTICLE III - PURPOSE

This corporation is organized for the purpose of providing lawful business permitted under the laws of the United States and of this State.

ARTICLE IV - SHARES

This corporation is authorized to issue 100 shares of common stock.

ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS

Edwin J. Castro
2600 N.W. 16th Street Road
Miami, FL 33125

ARTICLE VI - REGISTERED AGENT

Edwin J. Castro
2600 N.W. 16th Street Road
Miami, FL 3312

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ARTICLE VII- INCORPORATOR

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

Edwin J. Castro
2600 N.W. 16th Street Road
Miami, FL 3312

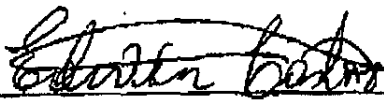
The undersigned has executed these Articles of Incorporation on this 30th day of July, 2014.

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.


Signature of Registered Agent

July 30, 2014
Date

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


Signature of Incorporator

July 30, 2014
Date

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in designating the Registered Office/Registered Agent, in the State of Florida.

1. The name of the corporation is:

1-844-PULL PAIN, INC.

2. The name and address of the Registered Agent and Office is:

Edwin J. Castro
2600 N.W. 16th Street Road
Miami, FL 3312


EDWIN J. CASTRO

Date: July 30, 2014

Having been named as Registered Agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.


EDWIN J. CASTRO

Date: July 30, 2014

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