

11/25/2014

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FLORIDA PROFIT/NON PROFIT CORPORATION

Gulf Coast Health and Wellness Centers, Inc.

Certificate of Status	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Gulf Coast Health and Wellness Centers, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1219 S. East Avenue #301
Sarasota, FL 34239

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Laura A. Plum
202 North Rhodes Avenue, Suite 102
Sarasota, FL 34237

Prepared By:

Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Tracy Vasile - President/Director
1219 S. East Avenue #301, Sarasota, FL 34239

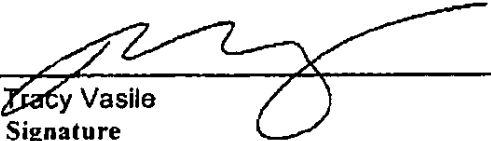
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Tracy Vasile
1219 S. East Avenue #301, Sarasota, FL 34239

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

24th day of November 2014



Tracy Vasile
Signature

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE ST ATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Gulf Coast Health and Wellness Centers, Inc.

2. The name and address of the registered agent and office is:

Laura A. Plum
Name

202 North Rhodes Avenue, Suite 102
(P.O. Box or Mail Drop Box NOT Acceptable)

Sarasota, FL 34237
(City / State / Zip)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Laura A. Plum
Laura A. Plum
SIGNATURE

11/24/2014
(Date)