

11/17/08 08:08

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**P/5000001478**

Florida Department of State  
Division of Corporations  
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To:

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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
PAIN SOLUTION, CORP**

Certificate of Status	0
Certified Copy	1
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*01/07/15*

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TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

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

TAX ID: 46-4459398

**ARTICLE I NAME:** The name of the corporation is:

Pain Solution, Corp.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

479 NE 30 ST

Apt 513

Miami FL 33137

**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Betsabe Morales (P/D)

HANSELL LEYVA (S/D)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

HANSELL LEYVA

479 NE 30 ST Apt 513

Miami FL 33137

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

HANSELL LEYVA

479 NE 30 ST Apt 513

Miami FL 33137

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**Required Signatures:**

**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**

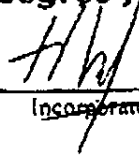


Registered Agent

1-5-15

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.**



Incorporator

1-5-15

Date

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