

1/10/2012 06:49

Division of Corporations

001/003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
DYNAMIC HEALING SERVICES INC**

CERTIFICATE of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1/12/15

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE I NAME:** The name of the corporation is:DYNAMIC HEALING SERVICES, INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2460 SW 137th Ave Suite 243 Miami, FL, 33175**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**SERGIO A. GIL [P]**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

SERGIO A. GIL
2460 SW 137th Ave, Suite 243, Miami, FL, 33175**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:SERGIO A. GIL
2460 SW 137 ave suite 243
Miami FL 33175

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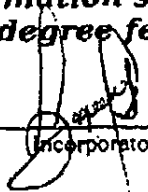
Required Signatures:

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_____
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_____
DateSECRETARY OF STATE
TALLAHASSEE, FLORIDA

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