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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
GENESIS THERAPY GROUP CORP**

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

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TALLAHASSEE, FLORIDA

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1/30/15

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

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ARTICLE I NAME: The name of the corporation is:

GENESIS THERAPY GROUP Corp

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1825 PONCE DE LEON BLVD
SUITE 486
CORAL GABLES, FL 33134

ARTICLE III SHARES: The number of shares of stock is:

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

ARNALDO CABRERA (P)

ARTICLE V INTIAL REGISTERED AGENT AND STREET ADDRESS:

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

ARNALDO CABRERA
1825 PONCE DE LEON BLVD
SUITE 486
CORAL GABLES FL 33134

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

ARNALDO CABRERA
1825 PONCE DE LEON BLVD SUITE 486
CORAL GABLES, FL 33134

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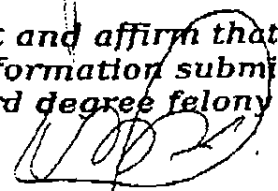
Required Signatures:

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_____
Date

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