

SEP/18/2015/FRI 02:25 PM

P.001

**150002253163**

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
PAIN RELIEF US CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
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FAX No.

P. 002

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: PAIN RELIEF US CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4625 SW 116 AVE

MIAMI, FL 33165

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARIA MESA (P)

Name and Title: \_\_\_\_\_

Address: 4625 SW 116 AVE

Address: \_\_\_\_\_

MIAMI, FL 33165

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARIA MESA  
Address: 4625 SW 116 AVE  
MIAMI, FL 33165

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: MARIA MESA  
Address: 4625 SW 116 AVE  
MIAMI, FL 33165

**ARTICLE VIII EFFECTIVE DATE:**

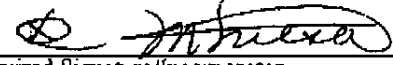
Effective date, if other than the date of filing: \_\_\_\_\_, (OPTIONAL)  
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

 \_\_\_\_\_ 09/15/2015  
Required Signature/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.*

 \_\_\_\_\_ 09/15/2015  
Required Signature/Incorporator Date

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