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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Xanadu Stem Cell Institute & Research Group Corporation

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: James Riley Hooker
Name (Printed or typed)

16533 SW 98th Terrace

Address

Miami, FL 33196

City, State & Zip

(786) 600-5779

Daytime Telephone number

jimhooker@netbusiness.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

January 10, 2017

Valerie Herring
Department of State
Florida Department of Corporations

Dear Ms. Herring:

Please dissolve "Xanadu Stem Cell Institute, LLC", L1500098864. We wish to dissolve "Xanadu Stem Cell Institute, LLC" and open "Xanadu Stem Cell Institute and Research Corporation".

Thank you in advance for your assistance in this matter.

Best Regards,

A handwritten signature in cursive script, appearing to read "James Riley Hooker".

James Riley Hooker

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: Xanadu Stem Cell Institute & Research Group Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16533 SW 98th Terrace

Miami, FL 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To extend and improve human life through medical teams, clinics, research centers, and educational programs globally specializing in but not limited to: Stem Cell and Gene Therapy, Fibroblasts, Reversing Cancer, ALS, Multiple Sclerosis, Muscular Dystrophy, Alzheimer's, Paralysis, Brain Comas, Reverse Aging, and Alternative Medicine.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Riley Hooker - Chairman & CEO

Address: 16533 SW 98th Terrace

Miami, FL 33196

Name and Title: Odalys Hooker - Secretary

Address: 16533 SW 98th Terrace

Miami, FL 33196

Name and Title: Robert Carol Lewis - Vice Chairman

Address: and Chief Operating Officer

1132 Heritage Greens Drive

Wake Forest, NC 27587

Name and Title: Tiffany Lewis - Secretary

Address: 1132 Heritage Greens Drive

Wake Forest, NC 27587

Name and Title: Mac Robinson III - Director of

Address: Field Operations

9299 Sibcy RD

Maineville, OH 45039

Name and Title: Tyrone Thurston - Director of

Address: Government Affairs

Royal Palm Way, Viceroy House # 109

Freeport, Grand Bahama, Bahamas

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CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

Name and Title: _____ Name and Title: 2017 JAN 27 PM 2:08
Address: _____ Address: DEPT. OF STATE

TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: James Riley Hooker
Address: 16533 SW 98th Terrace
Miami, FL 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James Riley Hooker
Address: 16533 SW 98th Terrace
Miami, FL 33196

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/15/2017 (OPTIONAL)

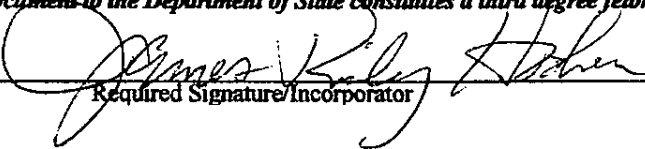
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 1/15/2017
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.

 1/15/2017
Required Signature/Incorporator Date