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| Division of Co    | roncations   |   |   | ,  |
| Fax Number        | : (850)617-6381  | Ξ.  | Z   | :  |
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| Account Name      | : LAZARUS CORPORATE FILING SERVICE, INC.                 | E .   | 70  | ŗ  |
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| Fax Number        | : (385)675-5944  | ( ) 411   | ယ္  | •  |
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| the email address | s for this business entity to be used for                | future  |   |  |
| ual report maili  | ngs. Enter only one email address please.                | **  |   |  |
| il Address:       |  |   |   |  |
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| •                 | Fax Number  Account Name Account Number Phone Fax Number | Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944  the email address for this business entity to be used for wal report mailings. Enter only one email address please. | Division of Corporations  Fax Number : (850)617-6381  Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  Account Number : 120000000019  Phone : (305)552-5973  Fax Number : (305)675-5944  The email address for this business entity to be used for future wal report mailings. Enter only one email address please.** | Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  Account Number : I2888888889898999 Phone : (305)552-5973 Fax Number : (305)675-5944  the email address for this business entity to be used for future wal report mailings. Enter only one email address please.** |

## FLORIDA PROFIT/NON PROFIT CORPORATION JAMES CELESTIN, P.A.

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| urpose for which  | the corporation is arga                     | nized is: NUE                      | SE PRACTIT                       | TONER          |                    |  |
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| mber of shares of  LE V (NITI)  Name and Title  Address                         | MIRAMAR, FL                                 | R DIRECTORS STIN (P) TH ST: 33027  | Address:                         |                |                    | 7  |
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| Name                                    | and Title: JAMES CELESTIN  | Marie - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -                       | 1  |              |          |
| Addre                                   |  | Name and Title:   |  | <u> </u>     |          |
| 744010                                  | MIRAMAR, FL 33027  | Address:  |  |              |          |
|   | 33027  | <del></del>   |  |              |          |
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| ARTICLE VI                              | REGISTERED AGENT<br>Florida street address (P.O. Box NOT acceptable) o   | F the registered agout is:  |  |              |          |
| Name:                                   | JAMES CELESTIN   | _   |  |              |          |
| Address:                                | 16474 SW 27th ST   |   | 2,   | <del></del>  |          |
|   | MIRAMAR, FL 33027  |   |  | ) JAN        | ÷        |
| ARTICLE VII                             | <u>INCORPORATOR</u>  |   | A S  |              |          |
|   | didruss of the Incorporator is:  |   | CAST<br>CEC  | 8            | j<br>r-v |
| Name:                                   | JAMES CELESTIN   |   | 77.00  | <b>₽</b>     |          |
| Address                                 | 16474 SW 27TH ST   |   | 무료   | 3: <b>LO</b> |          |
|   | MIRAMAR,FL 33027   |   | THE PART OF THE PA | •            |          |
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| ARTICLE VIII                            | EFFECTIVE DATE: other than the dute of filing:   | <u>.</u>  |  |              |          |
| If an effective d                       | ate is listed, the date must be specific and cannot  | (OPTIONAL)<br>be more than five days prior (                      | or 90 days afti  | er the       |          |
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| laving been tum<br>his certificate, I a | ed as registered agent to accept service of process f<br>m familiar with and accept the appointment as regis   | or the above stated corporation<br>tered ovent and over to act in | at the place de  | esignati     | ed in    |
|   | lev.   |   | νιο αιμική   |              |          |
| <del></del>                             | Required Signature/Registered Agent  |   | Date   |              |          |
| submit this docu                        | ment and affirm that the facts stated herein are to  | ie. I am oware that the fulse in                                  | oformation sut   | mitted       | in a     |
| PCUMENT to DIE 1)                       | eparation of State communies a upra degree Jaiony (  | is provided for in s.817.155, P.S                                 |  |              |          |
| Keonife                                 | JAMES CELESTIN   |   | 01/17/2  |              | _        |
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