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**FLORIDA PROFIT/NON PROFIT CORPORATION
LIVING FLOW, INC.**

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July 12, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: LIVING FLOW, INC.

REF: W18000063597

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

L17000068482-LIVING FLOW, LLC,

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H18000201807
Letter Number: 318A00014352

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:

LIVING FLOW, INC.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

12864 Biscayne Blvd #150
N. MIAMI, FL 33181

Mailing address, if different is:

12864 Biscayne Blvd.
SUITE 150
NORTH MIAMI, FL 33181**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all Lawful Business.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Yolanda L. Valdes Name and Title: _____Address: Owner / President Address: _____12864 Biscayne Blvd #150
N. MIAMI, FL 33181

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Yolanda L. Valdes
Address: 12864 Biscayne Blvd #150
N. MIAMI, FL 33181**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Yolanda L. Valdes
Address: 12864 Biscayne Blvd #150
N. MIAMI, FL 33181

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

[Signature]
Required Signature/Registered Agent

7/10/18
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 §817.155, F.S.

[Signature]
Required Signature/Incorporator

7/10/18
Date

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