Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			
	Division of Cor	rporations	
	Fax Numbe r	: (850)617-6381	
From:			~-4
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	·;
	Account Number	: I2 00000000 19	<i>;</i> − (
	Phone	: (305)552-5973	
	Fax Number	: (305)675-5944	
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**Enter	the email address	s for this business entity to be used for	fúture
anr	nual report maili	ngs. Enter only one email address pleame.	
	ril Address:		;
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FLORIDA PROFIT/NON PROFIT CORPORATION DORAL CENTER OF ALTERNATIVE MEDICINE INC

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

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

NAME: The name of the corporation is:
DORAL CONTER OF AlteRNATIVE MEDICINE INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: \$245 NW 365T SUIT DORAL FL 33166
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Deyvis BARZ (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
De uvis Roses
8245 NW 36 St Suite 2
120ral F1 33166
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Deyvis bacz
8245 NW 36 St Suite 2
Daral F1 33166

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

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

Trate