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To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION WELLNESS SUPPORT INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
Wellness Support INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 9600 SW 8 ST STE 16 Miami, FG 33174
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: Ayde Sanchez Rodyiguez(P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent in
9600 SW 8 St Ste 16
Miami F1 33174
ARTICLE VI NCORPORATOR: The name and address of the Incorporator is: Ayde Sanchez Rodriguez 9600 Sw & St Stell
Miami F133174

Required Signatures:

3052201440

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

I submit this document and affirm that the facts stated herein are $tru\epsilon$. I am aware that the false information submitted in a document to the Department of State constitutes a