

**P2300003323**

Florida Department of State  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**FEEL ALIVE HEALTHCARE Corp.**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Feel Alive Healthcare corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

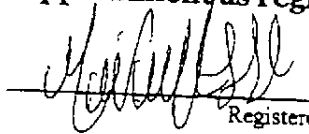
217 SE 1st StreetMiami, FL 33131**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Molony Areiza Henao PKonstantinos Papadopoulos Kp**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

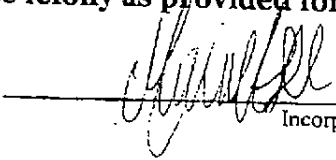
Molony Areiza Henao217 SE 1st StreetMiami, FL 33131**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Molony Areiza Henao217 SE 1st StreetMiami, FL 33131

**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\_\_\_\_\_  
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.

\_\_\_\_\_  
Incorporator\_\_\_\_\_  
Date