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**FLORIDA PROFIT/NON PROFIT CORPORATION
HEALTH DEPOT OF DORAL INC**

Certificate of Status	0
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: HEALTH DEPOT OF DORAL INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
5300 NW 85th AVE UNIT 603
DORAL, FL 33166Mailing address, if different is:
5300 NW 85th AVE UNIT 603
DORAL, FL 33166**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: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ALLAN GUTIERREZ - P

Name and Title: _____

Address 5300 NW 85th AVE UNIT 603
DORAL, FL 33166

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: ALLAN GUTIERREZAddress: 5300 NW 85th AVE UNIT 603DORAL, FL 33166**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: ALLAN GUTIERREZAddress: 5300 NW 85th AVE UNIT 603DORAL, FL 33166**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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*/s/ Allan Gutierrez
Required Signature/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.*/s/ Allan Gutierrez
Required Signature/Incorporator_____
Date**FILED**
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