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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
PROFESSIONAL WELLNESS CENTER INC**

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

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CORPORATIONS, FL

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Professional Wellness Center  
Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2500 SW 107 Ave  
Suite #25  
Miami, Fla 33165

**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Carola Tojeiro Cabrera (P)  
MARIO Cabrera (V)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Carola Tojeiro Cabrera  
2500 SW 107 Ave #25  
Miami FL 33165

CLERK OF STATE  
TALLAHASSEE, FL

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**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Carola Tojeiro Cabrera  
2500 SW 107 Ave #25  
MIAMI FL 33165

FIN: 93 - 3202107

**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

Orlando Fajero Cabera 9/1/23  
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.

Orlando Fajero Cabera 9/1/23  
Incorporator Date

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