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To:

Division of Corporations

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:_				
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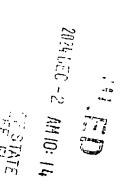
FLORIDA PROFIT/NON PROFIT CORPORATION SOUTHDADE WELLNESS, INC

Certificate of Status	0
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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	~	7 ~
ARTICLE II PRINCIPAL OFFICE:	<u> </u>	J-1, V.
The principal street address and mailing address is: 965(500) 23 000 Micron P(35)86		
ARTICLE III SHARES: The number of shares of stock is:	·····•	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICELS:	2024 DEC	
Fallo Mitian (P)	DEC -2 AM O: I	
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ARTICLE V INITIAL REGISTERED AGENT AND STREET AD DRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:		
Miami, Fl 33186		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	uÇ)
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Required Signatures:

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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

egistered 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

Late

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