P95000038757

CO[illegible] TECHNOLOGIES, INC.

Date: MAY 11, 1995

State of Florida
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: OPTIMUM WELLNESS TECHNOLOGIES, INC.

Enclosed please find an original and one (1) copy of the executed articles of incorporation for the above corporation and a check in the amount of $70.00.

FROM:

RICHARD W. DEAN, ESQ.
6363 N.W. 6TH WAY
SUITE 210
FT. LAUDERDALE, FL 33309
(305) 776-1001

800001488648
-05/16/95--01070--004
*****70.00 *****70.00

Thank you for your prompt handling of the foregoing.

OPTIMUM WELLNESS TECHNOLOGIES, INC.-corp name
FRAZIER CASEY-incorporator
6363 N.W. 6TH WAY, SUITE 210-street address
FT. LAUDERDALE, FL 33309-city & state,zip
MAY 11, 1995-date of execution

FILED
95 MAY 15 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
OPTIMUM WELLNESS TECHNOLOGIES, INC.

THE UNDERSIGNED Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

OPTIMUM WELLNESS TECHNOLOGIES, INC.

FILED
95 MAY 15 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
6363 N.W. 6TH WAY, SUITE 210
FT. LAUDERDALE, FL 33309

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is SEVEN THOUSAND FIVE HUNDRED (7,500) shares having a par value of ONE DOLLAR ($1.00) per share.

ARTICLE IV INITIAL BOARD OF DIRECTORS

The number of Directors constituting the initial Board of Directors of this Corporation is one (1). The number of Directors may be either increased or decreased from time to time by an amendment of the By-Laws but shall never be less than one (1). The names and addresses of the initial Board of Directors are:
FRAZIER CASEY
6363 N.W. 6TH WAY, SUITE 210
FT. LAUDERDALE, FL 33309

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):
FRAZIER CASEY
6363 N.W. 6TH WAY, SUITE 210
FT. LAUDERDALE, FL 33309

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:
FRAZIER CASEY
6363 N.W. 6TH WAY, SUITE 210
FT. LAUDERDALE, FL 33309

The undersigned has(have) executed these Articles of Incorporation this date:
MAY 11, 1995

Frazier Casey
FRAZIER CASEY, Incorporator

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: **OPTIMUM WELLNESS TECHNOLOGIES, INC.**

2. The name and address of the registered agent and office is:

FRAZIER CASEY
6363 N.W. 6TH WAY, SUITE 210
FT. LAUDERDALE, FL 33309

SIGNATURE Frazier Casey

TITLE: PRESIDENT

DATE: MAY 11, 1995

Having been named Registered Agent to accept service of process for the above stated Corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Frazier Casey
Registered Agent
FRAZIER CASEY
6363 N.W. 6TH WAY, SUITE 210
FT. LAUDERDALE, FL 33309

MAY 11, 1995
DATE

FILED
95 MAY 15 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 27 PM 1:04

LR 10/15

DOCUMENT # P95000038757

1. Corporation Name

OPTIMUM WELLNESS TECHI[illegible]OGIES, INC.

Principal Place of Business
6363 N.W. 6TH WAY STE 210
FT. LAUDERDALE FL 33309

Mailing Address
6363 N.W. 6TH WAY STE 210
FT. LAUDERDALE FL 33309

-10/16/96--01071--017
****375.00 ****375.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable
3100 SW 137 Terrace
Suite, Apt. #, etc.
City & State: Davie FL
Zip: 33330 County: Broward

3. New Mailing Office Address, If Applicable
3100 SW 137 Terrace
Suite, Apt. #, etc.
City & State: Davie FL
Zip: 33330 County: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 05/15/1995

5. FEI Number: 65-0609994 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~P~~	~~CASEY, FRAZIER~~	~~6363 N.W. 6TH WAY STE 210~~	~~FT. LAUDERDALE FL 33309~~
P+S	Casey, G. Fraser	3100 SW 137 Terrace	Davie, FL 33330

8. Name and Address of Current Registered Agent

CASEY, ~~FRAZIER~~ Fraser
6363 N.W. 6TH WAY STE 210
FT. LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name: G. Fraser Casey
Street Address (P.O. Box Number Is Not Acceptable): 3100 SW 137 Terrace
Suite, Apt. #, Etc.:
City: Davie State: FL Zip Code: 33330

10. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: G. Fraser Casey Date: 9/24/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: G. Fraser Casey 9/24/96 (954) 472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)

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