

**Electronic Articles of Incorporation
For**

P17000076887
FILED
September 22, 2017
Sec. Of State
mtmoon

PLUS CARE HEALTH OPTIONS, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

PLUS CARE HEALTH OPTIONS, INC.

Article II

The principal place of business address:

5219 CLARENCE GORDON JR ROAD
PLANT, FL. 33567

The mailing address of the corporation is:

PO BOX 5818
PLANT CITY, FL. 33563

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

125,000

Article V

The name and Florida street address of the registered agent is:

KIVIA L WILLIAMS
5219 CLARENCE GORDON JR ROAD
PLANT CITY, FL. 33567

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: KIVIA L. WILLIAMS

Article VI

The name and address of the incorporator is:

KIVIA L. WILLIAMS
PO BOX 5818

PLANT CITY FL 33563

Electronic Signature of Incorporator: KIVIA L. WILLIAMS

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
KIVIA L WILLIAMS
PO BOX 5818
PLANT CITY, FL. 33563

Title: VP
JERROD L WILLIAMS
PO BOX 5818
PLANT CITY, FL. 33563

Title: T
TIJAY BROADNAX
PO BOX 5818
PLANT CITY, FL. 33563

Article VIII

The effective date for this corporation shall be:

09/20/2017