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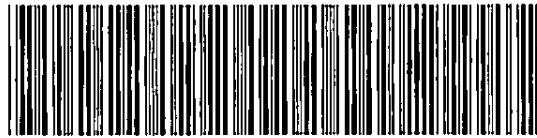
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W18-102735

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 503789 4733253

AUTHORIZATION :

[Handwritten Signature]

COST LIMIT : \$ 87.50

ORDER DATE : November 27, 2018

ORDER TIME : 3:03 PM

ORDER NO. : 503789-010

CUSTOMER NO: 4733253

DOMESTIC FILING

NAME: MDCH, INC.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: _____

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: MDCH, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Yulian Shtern, Esq.

Name (Printed or typed)

One Gateway Center

Address

Newark, NJ 07102

City, State & Zip

973-848-7719

Daytime Telephone number

bsafirstein@mdclinical.org

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32314

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: MDCH, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address 3244 NE 167 Street Mailing address, if different is:
North Miami Beach, FL 33160

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Beth E. Safirstein, Director Name and Title: Kerri L. Wilks, Director
Address: 3244 NE 167 Street Address: 2624 N.E. 22 Ave.
North Miami Beach, FL 33160 Lighthouse Point, FL 33064

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Beth Safirstein
 Address: 3244 NE 167 Street
North Miami Beach, FL 33160

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Beth Safirstein
 Address: 3244 NE 167 Street
North Miami Beach, FL 33160

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:

Beth Safirstein

 Required Signature/Registered Agent 11/27/18
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.

 Required Signature/Incorporator 11/27/18
Date