TRANSMITTAL LETTER

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

| 00099 | 3517 | 900C | 1 |
|-------|--------------------|------------|---|
| | 31781∟ ***87 50 | *****87.50 | |

| ☐ \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy ADDITIONAL CO | **S87.50 Filing Fee, Certified Copy & Certificate of Status **DPY REQUIRED** |
|-------------------------|--|---|--|
| FROM: | | ERT COVAN | |
| | 1030 TRUM, | AN AVE. | |
| | KEY WEST | | SECRETAF TALLAHAS: |
| | 305-293-1 | 118 | 13 A |

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

ARTICLES OF INCORPORATION In compliance with Chapters 607 and 621, Florida Statutes (Profit).

Article I - Name:

The name of the corporation shall be:

SELF-CONTROLLED HEALTH CARE, INC.

Article II - Principal Office:

The principal place of business and mailing address is:

1030 Truman Avenue Key West, FL 33040

Article III - Purpose:

The purpose for which the corporation is organized is:

To provide the legal and financial structure and systems necessary for implementation of various State and Federal legislation intended to allow the patient/consumer to be in control of decisions regarding, and access to, affordable, high-quality health care while containing costs by empowering and trusting the intelligence of the consumer and the integrity of the provider.

Article IV - Shares:

The number of shares of stock is:

Ten Thousand (10,000) shares.

Article V - Initial Officers/Directors:

The name and address is:

Diane Tolbert Covan 1030 Truman Avenue Key West, FL 33040

Article VI - Registered Agent:

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

Diane Tolbert Covan 1030 Truman Avenue Key West, FL 33040

Article VII - Incorporator:

The name and address of the incorporator is:

Diane Tolbert Covan 1030 Truman Avenue Key West, FL 33040

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.

Signature / Registered Agent

DIANE TOLBERT COVAN

Date Signature / Incorporator

DIANE TOLBERT COVAN