| TRANSMIT | TTAL LETTER | |
|---|--|--|
| · 401000109 | 9358 | |
| Department of State | SECO | |
| Division of Corporations | - TALLAHA | |
| P. O. Box 6327 | 400004676年 -11/13/01010 | |
| Tallahassee, FL 32314 | *****7875 | |
| SUBJECT: PROPOSED CORPORATE Enclosed is an original and one(1) copy of the article | TE NAME - MUST INCLUDE SUFFIX) s of incorporation and a check for : | |
| □ \$70.00 ⁻ ₩ \$78.75 | | |
| \$70.00 \$78.75 Filing Fee Filing Fee | ☐ \$78.75 ☐ \$87.50 Filing Fee, | |
| & Certificate of Status | & Certified Copy Certified Copy | |
| | & Certificate of | |
| | Status ADDITIONAL CODY PROJUDED | |
| ~ | ADDITIONAL COPY REQUIRED | |
| FROM: John More Name (Pri | nted or typed) | |
| 1300 Corporate | Center Way Ste. 103 | |
| Wellington, PC 33414 City, State & Zip | | |

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

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| ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | Ema. |
|---|--|
| ARTICLE I NAME The name of the corporation shall be: | OINOVICED |
| Complete Choice Care, Inc. | OI NOV 13 PM 12: 05 TALLAHASSEE, FLORIDA |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1300 Corporate Center Way, Scute 10: Wellington, FL 33414 | - FLORIDA |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | |
| Health Care Savings | - |
| ARTICLE IV SHARES The number of shares of stock is: 100 | |
| ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): John Moore 344 Guil's Nest Ct. Royal Paint Black, FL 33411 | km |
| ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: | , see |
| John Moore 344 Gwls Nest Ct. Royal Palniblach, FC 33411 | . . . |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: John Moore 344 Guls Nest Ct. | Surre |
| Royal Pain Beach, PC 33411 | |
| ************************************** | entetana malata di |
| Signature/Registered Agent | Date //2/- |
| Signature/Incorporator I | Date / |

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