FILED

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

02 JAN 25 PH 12: 03

SUBJECT: COI	NECT HEALTH, PROPOSED CORPORA	INC TE NAME – <u>MUST INCLU</u>	DE SUFFIX)	er vol. vo <del>ga</del> . E vol. e
Enclosed is an original and o  \$70.00  Filing Fee Filing  & Cen	3.75	les of incorporation and a  \$78.75  Filing Fee  & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: R	obin Carmona Name(I	Printed or typed)		;
2	313 NW 96th Wa	y Address		. · <del>.</del>
Coral Springs, FL 33065 City, State & Zip				·
9	54-755-1821 Daytime	Telephone number		

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:

CONNECT HEALTH, INC.

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SECRL! I STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2313 NW 96th Way Coral Springs, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: N/A

<u>ARTICLE</u> IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

Robin Carmona, Pres. 2313 NW 96th Way Coral Springs, FL 33065

REGISTERED AGENT

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

Robin Carmona 2313 NW 96th Way Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robin Carmona 2313 NW 96th Way Coral Springs, FL 33065

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

Signature/Incorporator

 $\frac{\sqrt{|23/02|}}{\text{Date}}$   $\sqrt{|23/02|}$