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TRANSMITTAL LETTER

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

٥,

SUBJECT: He	althcare Service Network Inc		
	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	UDE SUFFIX)
England on made	ainal and one (1) constant the out	iolog of ingomention on	d a abaak fam
Enclosed are an orq	ginal and one (1) copy of the art	icies of nicorporation and	I A CHECK IOI.
□ \$70.00	\$78.75	\$78.75	2 \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
Ü	& Certificate of Status	& Certified Copy	Certified Copy
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TOOM.	Vendal Reliy		
FROM:		(Printed or typed)	<u> </u>
	1815 NW 73 Street	. <u>.</u>	
		Address	·
	Miami, FL .33167	<u> </u>	
	City,	State & Zip	
	Davtima 7	elephone 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:

Healthcare Service Network Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1815 NW 73 Street, Miami, Fl 33167

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Healthcare Services

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s): Dawn Smith 1815 NW 73 ST, Maimi, Fl 33167 President

ARTICLE VI REGISTERED AGENT

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

1815 NW 73 ST, Maimi, Fl 33167

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Vendal Riley 1815 NW 73 ST, Maimi, Fl 33167 D3 AUG -7 AM II: 18
SECRETARY OF STATE
NIT AMASSEF, FLORIDA

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

5 / Z / Date

Signature/Incorporator

8/2 \$ 3 Date