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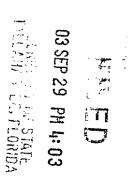
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TRANSMITTAL LETTER

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

SUBJECT: MICHELLE LIVIN, P. H. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the arti	cles of incorporation and	a check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Michelle 1	(Printed or typed)		
Davic, Fl. 33331 City, State & Zip				

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

03 SEP 29 PM 4: 03 Michelle Elvir, D.A. SECRETARY OF STATE TALLAHASSEE, FLORIDA ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: SUHC 101 The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): REGISTERED AGENT The name and Florida street address of the registered agent is: The name and address of the Incorporator is: 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

FILED

'ARTICLES OF INCORPORATION

Signature/Incorporator

The name of the corporation shall be:

ARTICLE I

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