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TALLAHASSEE FLORIDA

11/7/03

TRANSMITTAL LETTER

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

FILED
2003 NOV -3 AM 9:47
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

SUBJECT: SMV Health Enterprises, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Sari Vatske
Name (Printed or typed)

6339 La Costa Drive # D
Address

Boca Raton, FL 33433
City, State & Zip

(561) 271-2486
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:

SMV Health Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6339 La Costa Drive #D
Boca Raton, Florida 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Conduct any and all businesses permitted
under the Florida corporation laws

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Sari Vatske, President
6339 La Costa Drive #D
Boca Raton, Florida 33433

ARTICLE VI REGISTERED AGENT

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

Albert Vatske, Esq.
10683 San Bernardino Way
Boca Raton, Florida 33433

ARTICLE VII INCORPORATOR

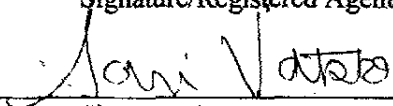
The name and address of the incorporator is:

Sari Vatske
6339 La Costa Drive #D
Boca Raton, Florida 33433

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

10/30/3
Date


Signature/Incorporator

10/30/3
Date

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CLERK OF STATE
TALLAHASSEE FLORIDA