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LAZARUS CORPORATE FILING SERVICE

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CORPORATE FILING SERVICE	
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CORPORATION NAME(S) & DOCUMENT N	UMBER(S), (if known):
1. GOOD SHEPHERD HE	ALTH CARECORP
(Corporation Name)	(Document #)
2.	
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NEW FILINGS AME	NDMENTS
/ <u> </u>	Amendment Resignation of R.A., Officer/Director
	Change of Registered Agent Dissolution/Withdrawal
	Merger
OTHER FILINGS REG	ISTRATION/QUALIFICATION
☐ Annual Report ☐ 1	Foreign
Fictitious Name	Limited Partnership
	Reinstatement Frademark
	Other

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SECRETARY OF STATE TALL AHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE 1 - NAME

The name of the corporation shall be: Good Skepherd Health

Cor,

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall

511 NW 40 to CT., MiAdi, FL 33126

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HECTOR De la Ceur 5/1 NW 40 CT. MIGNIFE 33126

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SECRETARY OF STATE TALL AHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

The name and street address of the incor	porator to these Articles of
Incorporation is:	
HEATOR Dela CRUZ	
HESTOR Dela CRUZ- 511 NW 40TH CT., NIA	dei FC 33126
The undersigned incorporator has execut	ed these Articles of
Incorporation this day of	200 6.

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Heetor De la CRUZ (P) 511 NW 40 CT, Miani, FL 33/26

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature