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CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOCUME	NT NUMBER(S), (if known):
1. LAURENCE GUIT	TMAN HEALTH CARE
2. CONSULTING, INC.	(Document #)
(Corporation Name)	(Document #)
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Other	☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
☐ Fictitious Name	Limited Partnership
	Reinstatement Trademark
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Examiner's Initials

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ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 I - NAME

The name of the corporation shall be:

LAWRENCE GUTTMANN HEaltheare Consulting, INC

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

621 South East 27th Drive Homestead, FL 33033

ARTICLE III - SHARES

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

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Alice Lawrence 627 South EAST 27th Drive Homestead, FL 33033

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ARTICLE V ~ INCORPORATOR

SECREMARY STATE

The name and street address of the incorporator to these Articles of Incorporation is:

Mice Lawlence

627 South East 27th Drive

Homestead, FZ 33033
The undersigned incorporator has executed these Articles of Incorporation this 15th day of June 2007

Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of

Incorporation is (are):

Susan GUTTMANN

627 SOUTHERST 27th Drive

Homestrad, FZ 33033

President:

Alice LAWRENCE 627 SOUTHERD 27th Drive Homestad, FZ 33033

<u>CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE</u>

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