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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : FASTKIT CORPORATE OUTFITS
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

COMPLETE HEALTH CARE POOL REGISTRY INC

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

COMPLETE HEALTH CARE POOL REGISTRY INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

10300 SUNSET DRIVE STE 460/G7
MIAMI, FL 33173

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN BUSINESS PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA AND/OR THE UNITED STATES OF AMERICA

ARTICLE IV SHARES

The number of shares of stock is:

100 SHRS @ 10.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CLARISA DARIAS DIRECTOR/PRESIDENT
5815 SW 113 AVENUE
MIAMI, FL 33173

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

CLARISA DARIAS
10300 SUNSET DRIVE STE 460/G7
MIAMI, FL 33173

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

CLARISA DARIAS
5815 SW 113 AVENUE
MIAMI, FL 33173

****

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 — 10/18/07 Date

Signature/Incorporator — 10/18/07 Date

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