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**FLORIDA PROFIT/NON PROFIT CORPORATION  
IDEAL PRACTICE AND RISK MANAGEMENT, INC.**

Certificate of Status	0
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**ARTICLES OF INCORPORATION**

**OF**

**IDEAL PRACTICE AND RISK MANAGEMENT, INC.**

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

**ARTICLE I NAME**

The name of the corporation shall be: **IDEAL PRACTICE AND RISK MANAGEMENT, INC.**

The principle place of business is: 9460 FONTAINEBLUE BLVD.  
SUITE 523  
MIAMI, FL 33172

**ARTICLE II**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

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

5000 SHARES \$ 1.00 PAR VALUE

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

President PABLO SILVERIO 9460 FONTAINEBLUE BLVD. STE 523  
MIAMI, FL 33172

V/P: ANGELO SIFAKES 9460 FONTAINEBLUE BLVD. STE 523  
MIAMI, FL 33172

T/S: ALBERTO DEL VALLE 9460 FONTAINEBLUE BLVD. STE 523  
MIAMI, FL 33172

**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these articles of incorporation is (are):

ALBERTO DEL VALLE 9460 FONTAINEBLUE BLVD. STE 523  
MIAMI, FL 33172

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have)  
executed these Articles of Incorporation this 29 DAY OF SEPTEMBER,  
2010

Signature of Incorporator

  
\_\_\_\_\_

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**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/ REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation: IDEAL PRACTICE AND RISK MANAGEMENT, INC.

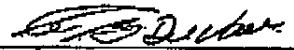
2. The name and address of the registered agent and office is:

ALBERTO DEL VALLE 9460 FONTAINEBLUE BLVD SUITE 523  
MIAMI, FL 33172

Signature 

Title PRESIDENT Date 9/29/2010

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature   
Date 9/29/2010