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FLORIDA PROFIT/NON PROFIT CORPORATION PRIME CARE CONSULTANT GROUP CORP.

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ARTICLE OF INCORPORATION

<u>OF</u>

PRIME CARE CONSULTANT GROUP CORP.

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: PRIME CARE CONSULTANT GROUP CORP.

The principal place of business of this corporation shall be: 5101 COLLINS AVE. APT. 10-A MIAMI BEACE, FL. 33140

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, 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 par value that this corporation is authorized to have outstanding at any one time is:

100 \times \$ 10.00 = \$ 1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

NVISION OF CORPORATIONS

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(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):

LAURA LAMAS

DIRECTOR

5101 COLLINS AVE. APT. 10-A MIAMI BRACE, FL. 33140

ARTICLE VI INCORPORATOR(S)

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

LAURA LAMAS PRESIDENT (100 shares)

5101 COLLINS AVE. APT. 10-A MTAMI BEACH, FL. 33140

The undersigned has (have) executed these Article of Incorpora tion this 29 th. day of September

Signature/Title

Signature/Title

94 CHINA

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

	PRIME CARE CONSULTANT GROUP CORP.	<u></u> *
The name	e and address of the registered agent and off	ice
.5	LAURA LAMAS	=
	(Name)	웅.
	5101 COLLINS AVE. APT. 10-A	T - 7
	(P. O. BOX NOT ACCEPTABLE)	2
	MIAMI BEACH, FLORIDA 33140	\$
	(CITY/STATE/ZIP)	5

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE VACALANTE PROPERTY OF THE PROPERTY O