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From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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FLORIDA PROFIT/NON PROFIT CORPORATION DADE U.S. HOLDINGS, INC.

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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: DADE U.S. HOLDINGS INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
(PROPOSED CORPORA	TE NAME – <u>MUSYJNCL</u>	(UDE SUFFIX)		
Enclosed are an original and one (1) copy of the art	icles of incorporation and	d a check for:		
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status		
FROM: DADE U.S. Holdings, Inc. Name (Printed or typed) Clo Sonia Col Esq. 570 Lexington Ave Suite 1600 Address				
New York NY 10022 City, State & Zip				
Daytime Telephone number				
Maccella a So E-mail address: (fo be use	d for future annual report	notification)		

NOTE: Please provide the original and one copy of the articles.



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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	NAME - I I I I I I I I I I I	.مر
The name of the con	NAME poration shall be: DADE U.S. Holdings, In	<u>.</u> .
	clo Saria Col, Esq.	address, if different is:
ARTICLE III P	PURPOSE	
	ich the corporation is organized is:	
Real Esta	le Holding	
ARTICLE IV The number of share		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS	
Name and Tit Address:	le: Sona CO (Initial Directed) June and Title: 510 Lexington for the MC Address: New York NY 10022	
Name and Tit Address:	le: Name and Title: Address:	
Name and Titi Address:	le: Name and Title: Address:	
ADDICLE IZ.	REGISTERED AGENT	
	idn street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Corporation Service Company	2 Z
Address:	1201 Hays Street	8 S
	Tallahassee, FL 32301	
ARTICLE VII	INCORPORATOR	
	ress of the Incorporatoric:	
Name: Address:	570 Lexington Are-Stellaco	TE .
Having been named this certificate, I am Corporation Serv	d us registered agent to accept service of process for the above stated configuration familiar with and accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the acceptance of the	poration at the place designated it act in this capacity
Ву:	0 () 5	5/23/2012
	Stephenie Michael Stephanie X. Milans Austriani Vice Anadrieni	Date
aaa. te de	Assistant Vice Provident	ia falsa information submitted in a
s suprin ints accur document to the Dei	nent and affirm that the facts styted herein are true. I am aware that th partment of State constitutes a third degrae felony as provided for in s.817.	ie juise aigirmaion suomuica in t 155, F.S.
/ / / / / / / / / / / / / / / / / / /	B Chall	t i
₹.	munty +	5/22/2012
	Required Signature/Incorporator	Date