Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 : (800)494-3124 Fax Number : (561)455-9885

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION SMART HEALTH LOCAL, INC.

Certificate of Status	0
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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:

SMART HEALTH LOCAL, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7029 PELICAN ISLAND DRIVE

TAMPA, FL 33634

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT, SECRETARY

CHARLES BROES

7029 PELICAN ISLAND DRIVE

TAMPA, FL 33634

ARTICLE VI EIN

The EIN of the corporation is:

45-5600059

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ARTICLE VII REGISTERED AGENT

The name and Florida street address of the registered agent is:

CHARLES BROES 7029 PELICAN ISLAND DRIVE TAMPA, FL 33634

ARTICLE VIII INCORPORATOR

The name and Florida street address of the incorporator is:

CHARLES BROES 7029 PELICAN ISLAND DRIVE TAMPA, FL 33634

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.