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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 : VCORP SERVICES, LLC  
Account Number : I20080000057  
Phone : (845) 425-0077  
Fax Number : (845) 818-3588

**\*\*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  
NFCH, INC.

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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: NFCH, INC.

**ARTICLE II PRINCIPAL OFFICE**Principal street address  
5011 SOUTH STATE ROAD 7  
SUITE 108  
DAVIE FL 33314

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

HEALTHCARE INVESTMENT

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: IRA SMEDRA, DIRECTOR

Address: 6380 WILSHIRE BOULEVARD, SUITE 800  
LOS ANGELES, CA 90048

Name and Title:

Address:

Name and Title: JACOB WINTNER, DIRECTOR

Address: 6380 WILSHIRE BOULEVARD, SUITE 800  
LOS ANGELES, CA 90048

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

**ARTICLE VI REGISTERED AGENT**

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

Name: VCORP SERVICES, LLC  
Address: 5011 SOUTH STATE ROAD 7, SUITE 108  
DAVIE FL 33314**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: VICTORIA LEE  
Address: 1800 AVENUE OF THE STARS, SUITE 2300  
LOS ANGELES, CA 90087*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*

Isaac Muller, President

Required Signature/Registered Agent

11-15-12

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Victoria Lee, Incorporator

Required Signature/Incorporator

NOVEMBER 15, 2012

Date

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