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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : SUPERBIZ.COM, INC.
Account Number : I20070000160
Phone : (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
HEALTHGRIND, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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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:

HEALTHGRIND, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

14699 NE 6TH AVENUE #243
NORTH MIAMI, FLORIDA 33161

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

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

DIRECTOR, PRESIDENT
MAVERICK PASCAL
14699 NE 6TH AVENUE #243
NORTH MIAMI, FLORIDA 33161

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PAGE 2 HEALTHGRIND, INC.

ARTICLE VI REGISTERED AGENT

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

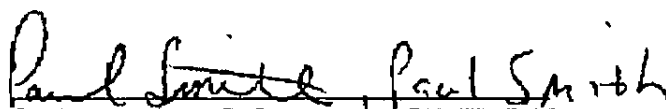
SUPERBIZ REGISTERED AGENT, INC.
2761 VISTA PARKWAY, STE E4
WEST PALM BEACH, FLORIDA 33411

ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

MAVERICK PASCAL
14699 NE 6TH AVENUE #243
NORTH MIAMI, FLORIDA 33161

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.



SUPERBIZ REGISTERED AGENT, INC. / Registered Agent

12/04/2012

Date



MAVERICK PASCAL /Incorporator

12-3

Date

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