Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000267196 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| _ | | |
|---|--------------|---|
| | Γ_{A} | • |
| | v | |

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973 Fax Number : (305)675-5944

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

| Emai (| Addrace | | | |
|--------|---------|--|--|--|

FLORIDA PROFIT/NON PROFIT CORPORATION VITAL MEDICAL HEALTH INC

| Certificate of Status | 0 | | |
|-----------------------|---------|--|--|
| Certified Copy | 1 | | |
| Page Count | 03 | | |
| Estimated Charge | \$78.75 | | |

#4452 P.002/003

n 1 + U U U 2 6 7 1 9 6

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

| ARTICLE I NAME: The name of the corporation is: |
|---|
| VITAL MEDICAL HEALTH, INC |
| ARTICLE II PRINCIPAL OFFICE: |
| The principal street address and mailing address is: 330 NW 27 AVE |
| Suite 700 |
| Miami FL 33155 |
| ARTICLE III SHARES: The number of shares of stock is: |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: |
| DUNIA FLORES - P E |
| |
| |
| |
| |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: |
| DUNIA FLORES |
| 330 NW 27 AVE Suite 700 |
| <u>Miami</u> FL 33135 |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: |
| DUNIA FLORES |
| 330 NW 27 AVE SUITE TOLO |
| Miami FL 33135 |

09/28/2032 08:30

H14000267198

Required Signatures:

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

<) M = M

Registered Agent

11/17/14

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.

Incomorator

/ / 7 / / 5 Date/

34