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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
BLUE HEALTH PARTNERS INC**

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

FILED
2015 FEB 26 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/2/2015

15 FEB 26 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

H15000050084

ARTICLE I NAME: The name of the corporation is:

Blue Health Partners INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

401 Miracle Mile
Suite 310
Coral Gables FL 33134

ARTICLE III SHARES: The number of shares of stock is: 500

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Denio Odoardo (P)
Hector Garcia Ortiz (V.P.)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Denio Odoardo
401 Miracle Mile Suite 310
Coral Gables FL 33134

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Denio Odoardo
401 Miracle Mile Suite 310
Coral Gables FL 33134

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 FEB 26 PM 1:30

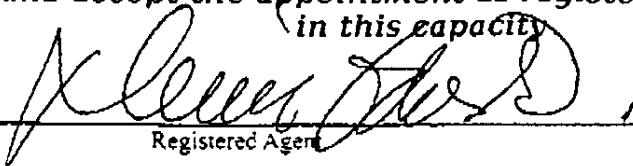
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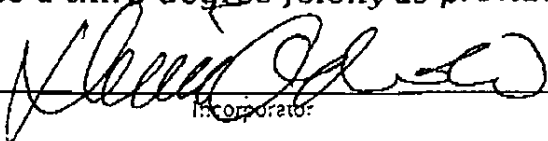
Required Signatures:

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



Registered Agent _____ 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.



Incorporator _____ Date

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