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Division of Corporations  
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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 : (305) 675-2811

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Easy Care Medz 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:

EASY CARE MEDZ INC.

### **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailing address is:

3049 CARYSFORT LANE  
MARGATE, FLORIDA 33063

### **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:

PRESIDENT, SECRETARY, TREASURER  
KESHA BLAKE  
3049 CARYSFORT LANE  
MARGATE, FLORIDA 33063

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TALLAHASSEE, FLORIDA

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PAGE 2 EASY CARE MEDZ INC.

**ARTICLE VI REGISTERED AGENT**

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

KESHA BLAKE  
3049 CARYSFORT LANE  
MARGATE, FLORIDA 33063

**ARTICLE VII INCORPORATOR**

The name and street address of the incorporator is:

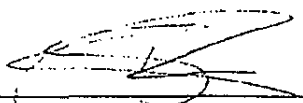
KESHA BLAKE  
3049 CARYSFORT LANE  
MARGATE, FLORIDA 33063

  
\_\_\_\_\_  
KESHA BLAKE / Registered Agent

7.24.15  
\_\_\_\_\_  
Date

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FLORIDA

*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.*

  
\_\_\_\_\_  
KESHA BLAKE / Incorporator

7.24.15  
\_\_\_\_\_  
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.*

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