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| To: | |
|--------------|---|
| | Division of Corporations |
| | Fax Number : (850)617-6381 |
| From: | ्रिक्त की क्षेत्र की किया है। किल्म विक्र |
| | Account Name : LAZARUS CORPORATE FILING SERVICE, INC. |
| | Account Number : I20000000019 |
| | Phone : (305)552-5973 취임 |
| co. | Fax Number : (305)675-5944 |
| Č | |
| . | *** |
| **Ent | er the email address for this business entity to be used for future |
| ČL. | annual report mailings. Enter only one email address please.** |
| | • |
| ĩ | Email Address: |
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FLORIDA PROFIT/NON PROFIT CORPORATION PRIME THERAPY SERVICES CORP

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

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

| ARTICLE I NAME: The name of the corporation is: |
|---|
| Prime therapy Services Corp |
| ARTICLE II PRINCIPAL OFFICE: |
| The principal street address and mailing address is: 8740 SW 12 th ST Apt 102 |
| |
| Miami, FL 33174 |
| ARTICLE III SHARES: The number of shares of stock is: |
| ARTICLE IV INITIAL DIRECTOR'S AND/OR OFFICERS: |
| Isabella Beatriz Ferreiro Torralbas (P) |
| Sergio Haspoch Jr (VP) |
| |
| |
| |
| |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: I Sabella Beatriz Ferreiro Torralbas |
| |
| · · |
| Miami / FL 33174 |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: |
| I Sabella Beatriz Ferreiro Torralbas |
| 8740 SW 12+h s+ Apt 102 |
| Miami /FL 33174 |

H15000188333

Required Signatures:

| Having been named as registered agent to accept servi corporation at the place designated in this certificate, | ice of process for the above state I am familiar with and accept th |
|--|---|
| appointment as registered agent and agree | |
| Isabella | 8/4/15 |
| Registered Agent | Date |
| submit this document and affirm that the facts stated) he false information submitted in a document to the Do hird degree felony as provided for in s.817.155, F.S. | |
| Incorporator | 8 4 5 Date |