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FAX No.  
Division of Corporations

P. 000003

Florida Department of State  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
INTERNATIONAL HEALTHCARE MEDICAL CORP

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

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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: INTERNATIONAL HEALTHCARE MEDICAL CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2260 SW 8 ST STE 300MIAMI, FL 33135**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ALIANNY DELGADO (P)

Name and Title: \_\_\_\_\_

Address 2260 SW 8 ST STE 300

Address: \_\_\_\_\_

MIAMI, FL 33135

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ALIANNY DELGADO  
Address: 2260 SW 8 ST STE 300  
MIAMI, FL 33135

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: ALIANNY DELGADO  
Address: 2260 SW 8 ST STE 300  
MIAMI, FL 33135

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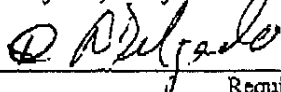
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

 12/01/2015  
Required Signature/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.*

 12/01/2015  
Required Signature/Incorporator Date