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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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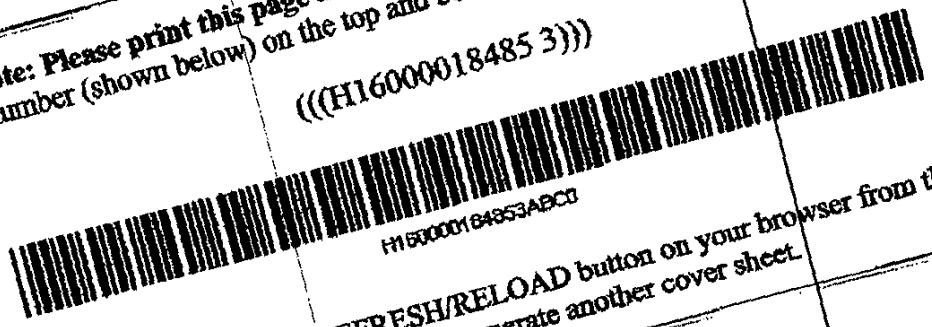
(((H16000018485 3)))



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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION
CREDIT CARE SOLUTION INC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	$78.75

1/25/16

Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME: The name of the corporation is:

Credit Care Solution. inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

8465 SW 40 ST

Miami fl 33155

ARTICLE III SHARES: The number of shares of stock is: 100.

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Maria Emilia Sosa (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Maria Emilia Sosa

8465 SW 40 St

Miami FL 33155

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

Maria Emilia Sosa

8465 SW 40 st

Miami FL 33155

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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: 9/22/16

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: 9/22/16

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