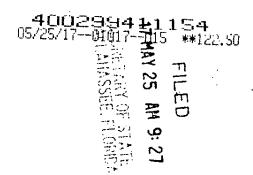
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T. BURCH MAY 2 6 2017

COVER LETTER

.. Tallahassee, FL 32301

	TO: Charter Section Division of Corporations	
	SUBJECT: Cheekmoote Hea	ng Florida Profit Corporation
	Name of Resulti	ng Florida Profit Corporation
	The enclosed Certificate of Conversion, Articles of Inc Entity" into a "Florida Profit Corporation" in accordan	orporation, and fees are submitted to convert an "Other Business ce with s. 607.1115, F.S.
•	Please return all correspondence concerning this matter	r to:
	Marz Schenborger Contact Person	······································
	Check MOTE HOLLTONE, C Firm/Company	<u>ic</u>
	2255 Glades Road #3 Address	2 4fi
	BOC ROTTON, FC 3. City, State and Zip Code	3486
.*	Marc & checknose head E-mail address: (to be used for future annual rep	ort notification)
	For further information concerning this matter, please	call:
	Name of Contact Person	954 60-0445 Area Code and Daytime Telephone Number
	Enclosed is a check for the following amount:	
	•	13.75 Filing Fees Certified Copy Certified Copy, and Certificate of Status
	STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: New Filings Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

ARTICLES OF INCORPORATION OF CHECKMATE HEALTHCARE, INC.

17 MAY 25 AM 9:

(In compliance with Chapter 607 and/or Chapter 621, Florida Statutes (﴿ S.)) ب

FIRST: The name of the corporation is CheckMate Healthcare, Inc..

SECOND: The principal place of business of the corporation is 2255 Glades Road #324A, City of Boca Raton, County of Palm Beach, Florida 33486.

THIRD: The name and address of the registered agent is Marc Schonberger, 4059 Pinewood Lane, Weston, Broward, Florida, 33331.

FOURTH: The purpose for which the corporation is organized is The transaction of any or all lawful business for which comparations may be incorporated under state law.

FIFTH: The corporation is authorized to issue a total number of 5,000,000 shares of common stock with a par value of \$.01 per share and 5,000,000 shares of preferred stock with a par value of \$.01 per share.

SIXTH: The name and address of the director(s) is:

Marc Schonberger

4059 Pinewood Lane Weston, FL 33331

SEVENTH: The name and street address of the incorporator is Marc Schonberger, 4059 Pinewood Lane Weston, Florida, 33331.

EIGHTH: The period of duration of the Corporation is perpetual.

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 Section 817.155, F.S.

Signature of Incorporator

Date 5/20/17

Marc Schonberger

Print Name of Incorporator

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.

Signature of Registered Agent

Date 5/20/17

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Checkmase Health care, L.L.C. Enter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on $\frac{2/7/17}{}$.
on Z/7/17. Enter date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the 3'tached Articles of Incorporation:
Check Mate Health Core, Inc. Enter Name of Florida Profit Corporation
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date:
(The effective date. 1) cannot be prior to not inote plan >0 days after the care this document is made by the
Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation
if an effective date is listed therein.) 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.

Page 1 of 2

Signed this 20 day of MCY	, 20	
Required Signature for Florida Profit Corporation	<u>:</u>	
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: Printed Name Printed	cer, or, if Directors or Officers have not been sel	lected, an
Required Signature(s) on behalf of Other Besidess		
	ch	
Printed Name: Marc School 1995	Title: Managing Menber 60	real father
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	>> £1,
Signature:		7 HA
Printed Name:	Title:	FIL Y 25
Signature:		
Printed Name:	Title:	1 9: 2 1 9: 2
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

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