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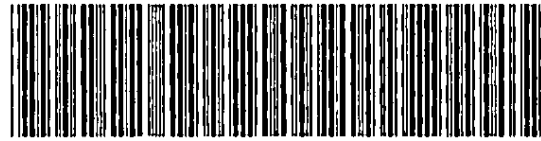
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TALLAHASSEE, FLORIDA

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: IEP ONE, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Dr. Sumeet Shetty
Name (Printed or typed)
8831 Business Park Drive, #301
Address
Fort Myers, FL 33912
City, State & Zip
239-682-5797
Daytime Telephone number
sumeet.shetty@iepone.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the benefit corporation shall be: IEP ONE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8831 Business Park Drive, #301

Mailing address, if different is:

Fort Myers, FL 33912

ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

assist parents in helping to identify the real needs of their special
needs child, matching services at school and home, and assisting
caregivers and the IEP team in confirming ongoing needs and measuring of
progress toward each goal.

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

Use a software application for parents to help establish an accurate
assessment, and identify interests and learning patterns of their
child. The application also assists with setting incremental goals,
measuring the child's progress, and evaluating the effectiveness of
services in meeting those goals.

ARTICLE IV SHARES

The number of shares of stock is: 2,500,000

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title: Dr. Sumeet Shetty, CEO

Name and Title: Kishor Voderhobli, Director

Address: 8831 Business Park Dr

Address: 8831 Business Park Dr

#301

#301

Fort Myers, FL 33912

Fort Myers, FL 33912

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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BUREAU OF COMMERCIAL
INFORMATION SERVICES

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name: Dr. Sumeet Shetty, CEO

Name: Kishor Voderhobli, Director

Address: 8831 Business Park Dr

Address: 8831 Business Park Dr

#301

#301

Fort Myers, FL 33912

Fort Myers, FL 33912

ARTICLE VI REGISTERED AGENT

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

Name: Karen Mosteller

Address: 8961 Conference Drive

Fort Myers, FL 33919

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Sumeet Shetty

Address: 8831 Business Park Dr, #301

Fort Myers, FL 33912

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

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

Karen Mosteller

Required Signature/Registered Agent

✓ 31/01/17
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.

[Signature]
Required Signature/Incorporator

8/10/17
Date