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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350003353
Phone : (800) 221-2972
Fax Number : (718) 889-7420

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

**FLORIDA PROFIT/NON PROFIT CORPORATION
CDHE GROUP INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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: CDHE GROUP INC.

ARTICLE II PRINCIPAL OFFICE
Principal address: 405 CARAVELLE DRIVE, JUPITER, FL 33458
Mailing address, if different is: 405 CARAVELLE DRIVE, JUPITER, FL 33458

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RANDI KARMIN/PRESIDENT
Address: 405 CARAVELLE DRIVE, JUPITER, FL 33458

Name and Title:
Address:

Name and Title:
Address:

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TALLAHASSEE, FL

FILED

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: RANDI KARMIN
 Address: 405 CARAVELLE DRIVE
JUPITER, FL 33458

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RANDI KARMIN
 Address: 405 CARAVELLE DRIVE
JUPITER, FL 33458

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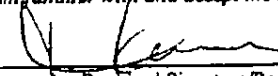
ARTICLE VIII EFFECTIVE DATE:

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

(X) 
 Required Signature/Registered Agent

12-16-19
 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.

(X) 
 Required Signature/Incorporator

12-16-19
 Date