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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
TRICOUNTY HEALTH GROUP INC**

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

2020 JUN 19 PM 4:54

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Tri County Health Group Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

9130 Broad Manor Rd.Miami, FL 33147**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Jose A. Vargas (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Jose A. Vargas9130 Broad Manor RdMiami, FL 33147**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Jose A. Vargas9130 Broad Manor roadMiami, FL 33147

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

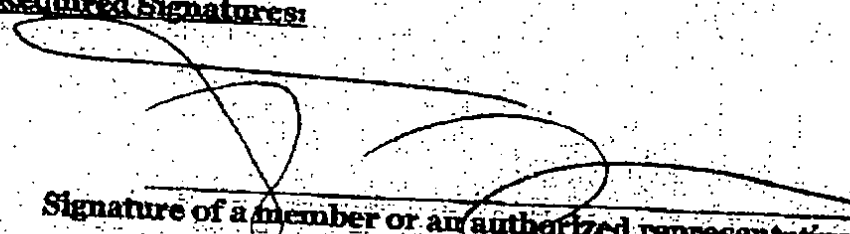
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LAZARUS CORPORATE

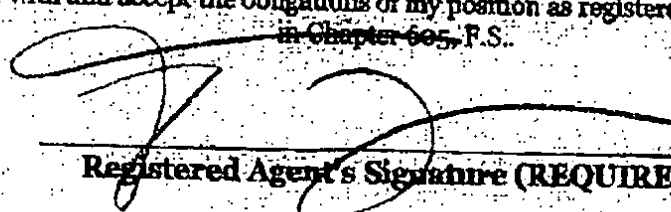
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Required Signatures:**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 8.817.155, F.S.

Jose A. Vargas**Typed or printed name of signee**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

**Registered Agent's Signature (REQUIRED)**