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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973

Fax Number

: (305)675-5944

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FLORIDA PROFIT/NON PROFIT CORPORATION FLORIDA MEDICAL CARE GROUP, CORP

| Certificate of Status | 0 |
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:

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| The pri | ncipal street a | ddress and | mailing addre | ess is: | |
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| mani | | | | | |
| CLE III SHAF | ES: The num | ber of shar | es of stock is: | 100 | <u> </u> |
| ARTICLE IV | INITIAL | DIRECTO | RS AND/OR | OFFICERS | <u>}:</u> |
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| Miami | FL | 33 | 196 | | |
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| CLE VI INC | <u>ORPORATO</u> | R: The nan | ne and address | s of the Incor | pora |
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| 15201 | Jsw | 141 | Terr. | | |
| | | | 3190 | . | . |

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 familian with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent

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

10/26/2021