P22000080785

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000362134 3)))

H220003621343ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
        Account Name    : LAZARUS CORPORATE FILING SERVICE, INC.
        Account Number  : I20000000019
        Phone           : (305)552-5973
        Fax Number      : (305)675-5944

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

        Email Address:_____
```

FLORIDA PROFIT/NON PROFIT CORPORATION
MEDBLUE HEALTH CORP

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

Electronic Filing Menu   Corporate Filing Menu   Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I   NAME: The name of the corporation is:

MEDBlue Health. Corp.

ARTICLE II   PRINCIPAL OFFICE:

The principal street address and mailing address is:

2837 W 75 st Hialeah Fl

_33018_

ARTICLE III   SHARES: The number of shares of stock is: _100_

ARTICLE IV   INITIAL DIRECTORS AND/OR OFFICERS:

Barbara Lissett Ruiz Alvarez
_(P)_

ARTICLE V   INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Barbara Lissett Ruiz Alvarez

2837 W 75 st Hialeah Fl 33018

ARTICLE VI   INCORPORATOR: The name and address of the Incorporator is:

Barbara Lissett Ruiz Alvarez

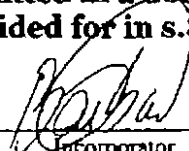_2837 W 75 st Hialeah Fl 33018_

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

_____   10/21/2022
Registered Agent   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.

_____   10/21/2022
Incorporator   Date