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**FLORIDA PROFIT/NON PROFIT CORPORATION
OPTIMUM THERAPY SOLUTION INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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D. O'KEEFE

OCT 26 2022

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:Optimum Therapy Solution Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8350 NW 52nd Terrace.Suite 150 Miami FL 33166**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Faina Maritza Toledo Hernandez
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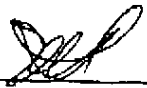
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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


Faina Maritza Toledo Hernandez8350 NW 52nd terraceSuite 150 Miami FL 33166**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Faina Maritza Toledo Hernandez8350 NW 52nd terraceSuite 150 Miami FL 33166

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

X  _____
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.

X  _____
Incorporator Date

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TALLAHASSEE, FLORIDA