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

From:  
Account Name : BUSINESS WORLD TRANSACTIONS, INC.  
Account Number : 104512000707  
Phone : (305)803-2736  
Fax Number : (305)646-1527

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Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
SASHE HEALTH CARE, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I

#### NAME

The name of the corporation shall be: SASHE HEALTH CARE, CORP.

### ARTICLE II

#### PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

11340 SW 52 TERRACE  
MIAMI, FL 33165

### ARTICLE III

#### PURPOSE

The purpose for which the corporation is organized is for 'Any and all lawful business'.

### ARTICLE IV

#### SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ☐ COMMON SHARES. ☐

### ARTICLE V

#### INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SHEILA SANCHEZ  
11340 SW 52 TERRACE  
MIAMI, FL 33165

Prepared by: SHEILA SANCHEZ  
11340 SW 52 TERRACE  
MIAMI, FL 33165  
786 417-7825  
SANCHEZ.SHEILA91@GMAIL.COM

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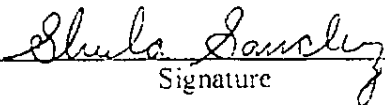
**ARTICLE VI  
INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

SHEILA SANCHEZ  
11340 SW 52 TERRACE  
MIAMI, FL 33165

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

5TH day of JUANUARY, 2024.

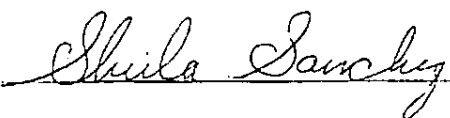
X   
Signature

**ARTICLE VII  
OFFICER(S) AND DIRECTOR(S)**

The name(s) and street address(es) of the officer(s) and director(s) to these Articles of Incorporation is(are):

SHEILA SANCHEZ  
11340 SW 52 TERRACE  
MIAMI, FL 33165

DIRECTOR & PRESIDENT

X 

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: SASHE HEALTH CARE, CORP.

2. The name and address of the registered agent and office is:

SHEILA SANCHEZ  
11340 SW 52 TERRACE  
MIAMI, FL 33165

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

X   
SIGNATURE)

JANUARY 5, 2024