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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : [20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA PROFIT/NON PROFIT CORPORATION IHELP SERVICES CORP.

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T.J.H 1/25/24 TALLAHASE LIFERING

PH 4:28

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is: ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: ARTICLE III SHARES: The number of shares of stock is: INITIAL DIRECTORS AND/OR OFFICE S: ARTICLE IV ARTICLE V INITIAL REGISTERED AGENT AND STREET AL DRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: INCORPORATOR: The name and address of the Incorporator is:

EIN: 99.0885453

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

01-23-2024

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.

Recistered Agent

01-23-2024.

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