CHARTER
NONPROFIT CORPORATION (ss-4418)

Division of Business Services
Tre Hargett, Secretary of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: $100.00

For Office Use Only
-FILED-
Control # 000801465

The undersigned, acting as incorporator(s) of a nonprofit corporation under the provisions of the Tennessee Nonprofit Corporation Act, adopt the following Articles of Incorporation.

1. The name of the corporation is: Breast Connect, Inc.

2. Name Consent: (Written Consent for Use of Indistinguishable Name)
   □ This entity name already exists in Tennessee and has received name consent from the existing entity.

3. This company has the additional designation of:

4. The name and complete address of its initial registered agent and office located in the State of Tennessee is:

5. Fiscal Year Close Month: December  Period of Duration: Perpetual

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:
   (none)  (Not to exceed 90 days)

7. The corporation is not for profit.

8. Please complete all of the following sentences by checking one of the two boxes in each sentence:
   This corporation is a  ☑ public benefit corporation /  ☐ mutual benefit corporation.
   This corporation is a  ☐ religious corporation /  ☑ not a religious corporation.
   This corporation will  ☐ have members /  ☑ not have members.

9. The complete address of its principal executive office is:

   (Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.)
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The name of the corporation is: Breast Connect, Inc.

10. The complete mailing address of the entity (if different from the principal office) is:

11. List the name and complete address of each incorporator:

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Business Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Janet Testerman</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nina Reineri</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thomas A Pannell, Jr.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. School Organization: (required if the additional designation of "School Organization - Exempt" is entered in section 3.)

☐ I certify that pursuant to T.C.A. §49-2-611, this nonprofit corporation is exempt from the $100 filing fee required by T.C.A. §48-51-303(a)(1).

☐ This nonprofit corporation is a "school support organization" as defined in T.C.A. §49-2-603(4)(A).

☐ This nonprofit corporation is an educational institution as defined in T.C.A. §48-101-502(b).

13. Insert here the provisions regarding the distribution of assets upon dissolution:

In the event of dissolution of the Corporation, all assets will be distributed to another nonprofit organization with a similar purpose.

14. Other Provisions: Assets to be distributed the Cancer Support Community of East Tennesse upon dissolution.

(Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.)

May 28, 2015 2:16PM
Signature Date

Electronic
Incorporator's Signature

Thomas A Pannell, Jr.
Incorporator's Name (printed or typed)