N0000000 7738

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

300003468673---(-11/17/00--01056--009 *****78.75 *****78.79

SUBJECT: WORKERS HEALTH ORGANIZATION & Environment Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 Filing Fee **⊠** \$78.75

Filing Fee & Certificate of Status

□\$78.75

\$87.50

Filing Fee & Certified Copy Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: WASIF M ALAM

Name (Printed or typed)

4919 Pennsbury Drive

Tampa, FL. 33624
City, State & Zip

(813) 453 1289, (813) 9636527 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

F. CHESSEN

NOV 2 -1-2000

NOW IT AM O.

ARTICLES OF INCORPORATION

	orator, for the purpose of forming a ion Act, hereby adopt(s) the following		DU NOV 17 IM 8: 04 SECRETARY OF STATE TALLAHASSEE, FLORID
ARTICLE I NA The name of the corpo			五二 五二
WORKERS HI	EALTH ORGANIZATI	on & Environment	Incha I
ARTICLE II PRI			
4919 Pc	business and mailing address of earns busy Drive	<u>-</u>	D '
Tamp	a, FL. 3362	24	
	for which the corporation is org		
Health	and Safety of 1	Norkers and th	ne Envisonment.
ARTICLE IV MA	NNER OF ELECTION OF D the directors are elected or appoin	IRECTORS ted is:	
	ent by Intervio		
ARTICLE V INIT	IAL REGISTERED AGENT	AND STREET ADDRESS	
The name and Florida	street address of the initial registe	ered agent are:	•
DR. W	ASIF M. ALP	in	
4919	Pennsbury ampa, fl. 33	D7, 3624	
ARTICLE VI INC	ORPORATOR		
	of the Incorporator to these Art	-	
	ASIF M. AI		
4910	1 Pennsbury	Dr. Tampa,	FL, 33624
Nd hy	1 Aler	November	14,2000
Signature/I	ncorporator	Date	,
. (A	on additional article must be adde	ed if an effective date is requeste	ed.)
Having been named as re	gistered agent and to accept service	of process for the above stated co	orporation at the place
designated in this certific further agree to comply w	ate, I hereby accept the appointmentith the provisions of all statutes rel	nt as registered agent and agree to ating to the proper and complete p	act in this capacity. I verformance of my duties,

November 14,2000 Date

and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent