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LAZARUS CORPORATE FI	LING SERVICE		
(Requestor's Name) 3320 S.W. 87 AVENUE	LINO OLIVVICE		
(Address)			
MIAMI, FLORIDA (305)552-5 (City, State, Zip) (PI	973,		
TERESA ROMAN (TALLAHASSEE		OFFICE USE ONLY	
CORPORATION NAME(S) &	DOCUMENT NUMB	ER(S) (if known):	OO OCT
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(Corporation Name)		(Document #)	
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ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be:

Quality Health Consultant

ARTICLE II - PRINCIPAL OFFICE

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

8506 5W 85T MIAMI FC 33/44

<u> ARTICLE III -SHARES</u>

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

NORHA ZAPATA 10801 SW 109 CT FD-406 MIAMI F1 33176

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

10801 SW 109 eT #D-406 MIAMI FL 33176 NORHA ZAPATA

The undersigned incorporator has executed these Articles of Incorporation this 18 day of 00

Signature

ARTICLE VI- DIRECTOR(S)

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

NORHAZAPATA President 10801 SW 109 ET # 1406 MIAMI PL 33176 00 OCT 20 PH 1:51
SECRETARY UP STATE
TALLAHASSEE FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature