0/000055590

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

400004367054---2 -06/06/01--01021--002 *****78.75

SUBJECT:

HMAS 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

□ \$122.50

Filing Fee

& Certified Copy

Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: DR. HARISH J. PATEL

Name (Printed of typed)

Daytime Telephone number

NOTE: Please provide the original and one copy of the ar

RIZATION BY PHONE TO DOC. EXAM

107

JUN 5 2001 **PL REGISTER**

ARTICLES OF INCORPORATION

1. The name of the corporation shall be: IRAHMAS INC
2. The principal place of business and mailing address or the corporation of the state of the st
3. The corporation shall have the authority to issue
4. The registered agent of the corporation is HARISH T. PATEL and the registered street address is 5649 495 V. STPOPE.
5. The initial Board of Directors shall have 3 member(s) whose name(s) and address(es) is/are as follows: HARISH J. PATEL
SAMJAY M. PATELDS
The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.
6. The incorporator of this corporation is DR. HARISH J. PATEL whose
street address is 5649 49 ST. N. ST. PETE, FL-33709
Dated 6/4/6
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 reg-
istered 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 am familiar
with and accept the obligations of my position as registered agent
Dated State of the