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Requester's Name

Address

Florida Law Group, L.L.C.
3825 Henderson Blvd. Suite 605
Tampa, FL 33629

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

02 MAY 23 PM 1:05
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

3

ARTICLES OF INCORPORATION

DISABILITY MANAGEMENT SOLUTIONS, INC.
FLORIDA FOR PROFIT CORPORATION
(In compliance with Chapter 607 and/or Chapter 621, Florida Statutes)

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TALLAHASSEE FLORIDA

ARTICLE I NAME:

The name of the corporation shall be Disability Management Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE:

The principal place of business/mailing address is 15128 Deer Meadows Drive
Lutz, FL 33559

ARTICLE III PURPOSE:

The purpose of which the corporation is organized is all legal business activities.

ARTICLE IV SHARES

The number of shares of stock authorized is 100. Upon filing, 100 shares shall be
issued to Lori Hubbard.

ARTICLE V INITIAL OFFICERS/DIRECTORS

Lori Hubbard, President, Treasurer and Secretary.

ARTICLE VI REGISTERED AGENT

James F. Lowy, Esq., P.A., 3825 Henderson Blvd., Suite 605, Tampa, FL 33629

ARTICLE VII INCORPORATOR

Lori Hubbard

ARTICLE VIII VOTING POWERS

Each share of stock will have one vote.

Lori Hubbard
Lori Hubbard, Incorporator

5/21/02
Date

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02 MAY 23 PM 1:05

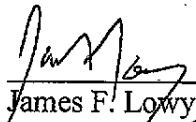
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned, a Florida Corporation, submits the following statement to designate a registered office and registered agent in the state of Florida.

1. Name: The name of the Florida corporation is Disability Management Solutions, Inc.
2. Registered Office: The address of the registered office is James F. Lowy, Esq., P.A., 3825 Henderson Blvd., Suite 605, Tampa, FL 33629.
3. Registered Agent: James F. Lowy, Esq., P.A. is appointed and by his signature below accepts appointment, to act as the registered agent of Disability Management Solutions, Inc.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designed in this certificate, I hereby accept appointment as registered 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 I am familiar with and accept the obligations of my position as registered agent.



James F. Lowy
JAMES F. LOWY, ESQ., P.A.