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LAZARUS CORPORATE FILING S	SERVICE
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TERESA ROMAN (TALLAHASSEE REPRE	5000078249559 -09/18/0201033033 *****78,75 *****78,75
(Corporation Harris)	JAHENT NUMBER(S) (if known): E SYSTEMS INC. (Document #)
2. (Corporation Name)	(Document #)
3. (Corporation Name) 4. (Corporation Name) Walk in Pick up time 2 Mail out Will wait	(Document #) (D
NonProfit Limited Liability Domestication	AMENUMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement
\	Trademark

ARTICLES OF INCORPORATION

2002 SEP 18 PM 2: 08 The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) ATE

corporation under the Florida Business Corporation Act, hereby adopt(\$). ATE the following Articles of Incorporation.

TALLAHASSEE FLORIDA

ARTICLE I - NAME

The name of the corporation shall be: Wational Care Systems Fre

ARTICLE II - PRINCIPAL OFFICE

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

13316 Sm 28 pt Mrnit-16 33175

ARTICLE III -SHARES

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:

ALBERTO LINARES 13316 SW 28 St MIAN. FIB 33175 Incorporation this ____ day of _

FILED

ARTICLE V - INCORPORATOR 2002 SEP 18 PM 2: 08

V Alin

ARTICLE VI- DIRECTOR(S)

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

ALBERTO LINARES (P)
13316 SW 28 DE
MIDMI FIG. 33175

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