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LAZARUS CORPORATE FILIN	G SERVICE	
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MIAMI, FLORIDA (305)552-5973		
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CORPORATION NAME(s) & DO	OCUMENT NUME	BER(S) (if known):
		ICAL SERVICES, INC
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Examiner's Initials

CR2E031(9/92)

ARTICLES OF INCORPORATION OF BEST SOLUTION MEDICAL SERVICES, INC.

ARTICLE I

THE NAME OF THE CORPORATION IS:

BEST SOLUTION MEDICAL SERVICES, INC.

ARTICLE II

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE III

THE MAXIMUM NUMBER OF SHARES OF CAPITAL STOCK THAT THE CORPORATION IS AUTHORIZES TO ISSUES IS 500 SHARES AT \$1.00 PER VALUE.

ARTICLE IV

THE AMOUNT OF CAPITAL WITH WHICH THE CORPORATION WILL BEGIN BUSINESS IS THE SUM OF \$500.00

ARTICLE V

THE CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS SOONER DISSOLVED ACCORDING TO LAW, AND ITS EXISTENCE SHALL COMMENCE UPON FILING.

ARTICLE VI

THE STREET ADDRESS IS THE PRINCIPAL OFFICE OF THE -- CORPORATION IN THIS STATE SHALL BE:

ALICIA RODRIGUEZ 7105 WEST 12TH AVENUE, SUITE #3 HIALEAH FLORIDA, 33014

ARTICLE VII

THE NAME(S) AND STREET ADDRESS(ES) OF THE PERSON SIGNING

ALICIA RODRIGUEZ
7105 WEST 12TH AVENUE, SUITE #3 HIALEH FLORIDA, 33014

ARTICLE VIII

THE CORPORATION SHALL HAVE A BOARD OF DIRECTORS CONSISTING OF NOT LESS THAN TWO OR MORE THAN SIX DIRECTORS. THE INITIAL BOARD OF DIRECTORS SHALL CONSIST OF ONE DIRECTORS WHOSE NAME AND ADDRESS ARE AS FOLLOWS:

ALICIA RODRIGUEZ
7105 WEST 12TH AVENUE, SUITE #3 HIEALEAH FLORIDA, 33014



ARTICLE IX

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE, AND THE NAME OF THE INITIAL REGISTERED AGENT AT THAT ADDRESS SHALL BE: Alicia Nodriguez

THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS TWENTY FIVE DAY OF MARCH OF 2004.

ALICIA RODRIGUEZ PRESIDENT

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized — under the laws of the State of Florida, submits the following statement in designating the registered office/registered — agent, in the State of Florida.

1.	The name of the corporation is: BEST SOLUTION MEDICAL
SEI	RVICES, INC
2.	The name and address of the registered agent and office is ALICIA RODRIGUEZ
	NAME 7105 WEST 12TH AVENUE SUITE #3
	HIALEAH FLORIDA, 33014
	(CTTY/STATE/ZTP)

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 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.

SIGNATURE_

DATE: MARCH 25, 2004

Oskia Rohiguy.

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