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LAZARUS CORPORATE FILING SERVICE

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MIAMI, FL 33165 (305) 552-5973 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Nam.e) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Certified Copy Pick up time Mail out ■ Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS REGISTRATION/QUALIFICATION** Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other **Examiner's Initials**

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ARTICLES OF INCORPORATION

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The undersigned incorporator(s), for the purpose of forming a MASSEE, FLORIDA 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:

U.S. OFFICIAL HEALTH, SAFETY &-SECURITY MASCOT CO.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall

8440 \$W.35 TEM. MIAM! # 33155

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

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LENEJ. ESPINOSA. 84405W. 35 th TEAD. MIAMI TH 33155.

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ARTICLE V - INCORPORATOR

TALLAHASSEE, FLORIDA

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

The undersigned incorporator has executed these Articles of Incorporation this day of 2005

Signature

ARTICLE VI DIRECTOR(S)

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

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