Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6381

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305) 634-3694

Fax Number

: (305)633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

medical homeless assistance group, inc.

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EMPIRE CORP KIT

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DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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OF

MEDICAL HOMELESS ASSISTANCE GROUP, INC.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be: MEDICAL HOMELESS ASSISTANCE GROUP, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation: 5960 NW 99 AVENUE #3, DORAL, FLORIDA 33178

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is 1,000 shares of common stock with \$1.00 par value.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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ARTICLE VI

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The name and street address of the initial Registered Agent of this corporation shall be: PAUL JASINSKI, 5960 NW 99 AVENUE #2, DORAL, FLORIDA 33178

ARTICLE VII

The name and address of the officers and board of directors shall be:

PRES/DIR

PAUL JASINSKI

13501 SW 99 STREET MIAMI, FL 33186

ARTICLE VIII

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC. 2444 NW 7TH PLACE MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 8th day of SEPTEMBER, 2009.

NCORPORATOR

Ray Stormont Signing for Empire Corporate Kit of America, Inc.

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

MEDICAL HOMELESS ASSISTANCE GROW, INC. (Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

AUT JASINSKI REGISTERED AGENT

SECRETARY OF STATE OIVISION OF CORPORATIONS

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