ORPORATE INDUSTRIES, INC. City/State/Zip Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. MM JH OCUPATIONAL MED CORP INC (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Pick up time _______ Certificate of State Photocopy Will wait Mail out AMENDMENTS EWFUINGS Amendment Profit Resignation of R.A., Officer/ Director NonProfit Change of Registered Agent **Limited Liability** Dissolution/Withdrawal Domestication Merger Other omitivista ministes **Annual Report** Foreign **Fictitious Name** Limited Partnership Name Reservation Reinstalement Trademark Other Examiner's Initials TDEC 2 2 1997 K. Fiolfe CK"E031(1/93)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 22, 1997

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87 AVE SUITE 16 MIAMI, FL 33174

SUBJECT: M M J H OCUPATIONAL MED CORP INC.

Ref. Number: W97000028406

We have received your document for M M J H OCUPATIONAL MED CORP INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

PLEASE VERIFY THE SPELLING OF THE CORPORATE NAME.,

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6932.

Kimberly Rolfe Document Specialist

Letter Number: 097A00059948



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 26, 1997

LAZARUS

MIAMI, FL

SUBJECT: M M J H OCUPATIONAL MED CORP. INC.

Ref. Number: W97000028726

We have received your document for M M J H OCUPATIONAL MED CORP. INC.. However, the document has not been filed and is being returned for the following:

PLEASE BE SURE THAT THE WORD "OCUPATIONAL (OCCUPATIONAL) IS SPELLED CORRECTLY. THE TITLE AND CAPACITY OF THE PERSON SIGNING ON BEHALF OF THE REGISTERED AGENT MUST BE LISTED BELOW HIS/HER NAME. OUR RECORD DO NOT LIST THIS PERSON AS AN OFFICER/DIRECTOR OF THE CORPORATION "ACCOUNTING SOLUTIONGROUP, INC." AN OFFICER MUST SIGN ON BEHALF OF A CORPORATION.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 697A00060526

ARTICLES OF INCORPORATION

OF

THE UNDERSIGNED INCORPORATOR(S) FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT. HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

M M J H OCCUPATIONAL MED CORP.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE 8150 SW 8ST SUITE # 218 MIAMI FLA 33144

ARTICLE II NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OF ALL LAWFUL ACTIVITIES BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES. THE STATE OF FLORIDA. OR ANY OTHER STATE COUNTRY, TERRITORY OR NATION.

ARTICLE III CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

1000 SHARES OF ONE DOLLAR (\$ 1.00) PAR VALUE COMMON STOCK.

ARTICLE IV TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V OFFICERS DIRECTORS

THE NAME(S) AND STREET ADDRESS(ES) OF THE INITIAL OFFICER(S) AND DIRECTORS IF ANY. WHO SHALL HOLC OFFICE THE FIRST YEAR OF THE CORPORATION(S) EXISTENCE OR UNTIL THEIR SUCCESSOR(S) IS (ARE) ELECTED, IS(ARE):

MARIA JOSE MENDEZ

PRESIDENT

ARTICLE VI INCORPORATOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THIS ARTICLE OF INCORPORATION IS (ARE)

MARIA JOSE MENDEZ

PRESIDENT

8150 SW 8 ST SUITE # 218 MIAMI FLA 33144

IN WITNESS WHEREOF. THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS 2 DAY OF DECEMBER 1997

SIGNATURE(S) OF INCORPORATOR(S)

CERTIFICATE DESIGNATING REGISTERED AGENT/ REGISTERED OFFICE

PURSUANT TO PROVISIONS OF SECTION 607.325 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: M M J H OCCUPATIONAL MED CORP.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:
MARIA JOSE MENDEZ

8150 S.W. 8TH STREET #218, MIAMI, FLORIDA 33144
(P.O. BOX NOT ACCEPTABLE)

Having been named as tegistered agent and to accept the service.

SIGNATURE

TITLE PRESIDENT

DATE <u>DEC 2/1997</u>