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LAZARUS CORPORATE FILING SERVICE, INC.
 (Requestor's Name)
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 (City, State, Zip) (Phone #)
 LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

FILED
 98 OCT -8 AM 11:40
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. BETTER HEALTH SYSTEMS, INC
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

100002658981-1
 -10/08/98-01034-031
 *****78.75 *****78.75

- ☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION | |
|----------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

RECEIVED
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 DIVISION OF CORPORATION

Examiner's Initials

ARTICLES OF INCORPORATION
OF
BETTER HEALTH SYSTEMS, INC.

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned subscribers to these Articles of Incorporation, each a natural person competent to contract, hereby associate(s) themselves together to form a corporation under the laws of the State of Florida.

Article I. Name

The name of this corporation is:

BETTER HEALTH SYSTEMS, INC.

Article II. Nature of Business

The general nature of the business to be transacted by this corporation is:

Management company, Health care organization

To conduct business in, have one of more officers in, and buy, hold, mortgage, sell, convey, lease or otherwise dispose of real and property, including franchises, patents, copyrights, trademarks and licenses, in the State of Florida, and in all other States and States and Countries.

To conduct debts and borrow money, issue and sell or pledge bonds, debentures, notes and other evidences of indebtedness, and execute such mortgages, transfers or corporate property. or other instruments to secure the payment of corporate indebtedness as required.

To purchase the corporate assets of any other corporation and engage in the same or other character of business.

To guarantee, endorse, purchase, hold, sell, transfer, mortgage, pledge or otherwise acquire or dispose of the shares of the capital stock of, or any bonds, securities, or other evidences of indebtedness created by any other corporation of the State of Florida or any other State government, and while owner of such stock, to exercise all the rights, powers and privileges of ownership, including the right to vote such stocks.

Article III. Capital Stock

The maximum number of shares of stock this corporation is authorized to have outstanding at any time is 500 shares of common stock having a nominal of \$1.00, par value.

Article IV. Initial Capital

The amount of capital with which this corporation will begin business is \$500.00.

Article V. Term of Existence

This corporation is to exist perpetually.

Article VI. Address

The initial post office address of the initial office of this corporation in the State of Florida is 1101 SouthWest 1st Street, Miami, Florida. The Board of Directors may, from time to time, move the principal office to any other address in Florida.

Article VII. Directors

The Corporation shall have 2 Directors initially. The number of Directors may be increased or diminished from time to time, by-laws adopted by the stockholders, but shall never be less than one.

Article VIII. Initial Directors and Officers

The names and post office addresses of the members of the

first Board of Directors is:

| <u>Name</u> | <u>Address</u> | <u>Office</u> |
|------------------|---------------------------------------|-------------------------------------|
| CRISTOBAL PERAZA | 1101 SW 1st Street Miami, FL 33135 | Director President Secretary |
| DRIOBAN MENDEZ | 1101 SW 1st Street Miami, FL 33135 | Director Vice-Pres. Treasurer |

Article IX. Subscribers

The names and post offices address(es) of each subscriber to these Articles of Incorporation are:

CRISTOBAL PERAZA
1101 SW 1st Avenue
Miami, Florida 33135

DRIOBAN MENDEZ
1101 SW 1st Avenue
Miami, Florida 33135

Article X. Registered Office and Registered Agent

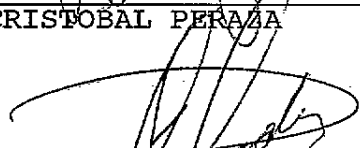
The Registered Agent and Office shall be:

DRIOBAN MENDEZ, Director

Article XI. Amendment

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at a stockholder's meeting by a majority of the stock entitled to vote thereof.


CRISTOBAL PERAZA


DRIOBAN MENDEZ

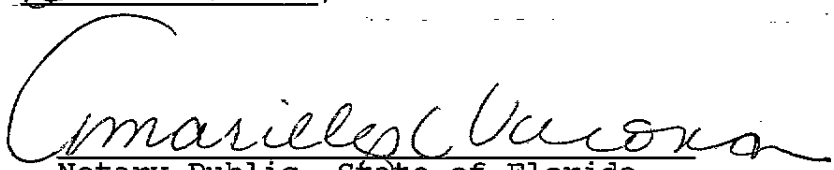
STATE OF FLORIDA)

SS:

COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared, CRISTOBAL PERAZA and DRIOBAN MENDEZ, who after by me first being duly sworn, depose(s) and state(s) that they executed the above and foregoing Articles of Incorporation of their own free will and for the purposes therein expressed.

WITNESS my hand and official seal at Miami, Dade County, Florida, this 6th day of October, 1998.


Notary Public, State of Florida
At Large

My commission expires:

NOTARY PUBLIC - STATE OF FLORIDA
AMARILLYS C. VARONA
COMMISSION # CC588708
EXPIRES 10-7-2000
BONDED THRU ASA 1-886-NOTARY-1

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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: _____

_____ BETTER HEALTH SYSTEMS, INC. _____

2. The name and address of the registered agent and office is:

_____ DRIOBAN MENDEZ _____

NAME

_____ 1101 SouthWest 1st Street _____

(P.O. BOX NOT ACCEPTABLE)

_____ Miami, Florida 33135 _____

(CITY/STATE/ZIP)

SIGNATURE _____

(corporate officer)

TITLE _____ Director _____

DATE _____

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 _____

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TALLAHASSEE FLORIDA