

Charter Number Only

7/2/10
PROCEED 82292

Requestor's Name *BR*
Address
City State ZIP Phone

ONLY

CORPORATION(S) NAME

400002817814--9
-03/25/99--01018--027
*****78.75 *****78.75

Hands on file

FILED
99 MAR 29 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Empire Toll Free: 1-800-432-3028

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Foreign | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reservation | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call If Problem | <input type="checkbox"/> Walk In | <input type="checkbox"/> Mail Out |
| <input type="checkbox"/> Will Wait | <input type="checkbox"/> Pick Up | |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

cert copy
RECEIVED
99 MAR 25 AM 9:20



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 25, 1999

EMPIRE

MIAMI, FL

SUBJECT: HANDS ON INC.
Ref. Number: W99000007189

We have received your document for HANDS ON INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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: 899A00015011

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 MAR 29 AM 9:18

RECEIVED

ARTICLES OF INCORPORATION

of

ALternative M.E.D., INC.

(name of corporation)

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

ARTICLE I - CORPORATE NAME

The name of the corporation is:

ALternative M.E.D., INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue one hundred shares (100) of one cent Dollar(s) (\$.01) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>Karen Hurd</u>		
ADDRESS	<u>10697 Wiles Rd.</u>		
CITY	<u>Coral Springs</u>	FLORIDA <u>FL</u>	ZIP <u>33076</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>Karen Hurd</u>		
ADDRESS	<u>10697 Wiles Rd</u>		
CITY	<u>Coral Springs</u>	FLORIDA <u>FL</u>	ZIP <u>33076</u>

33076

FILED
99 MAR 29 AM 10:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

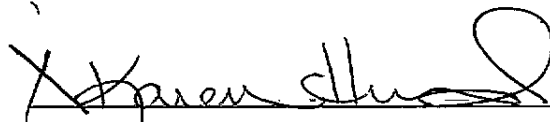
NAME	Karen Hurd		
ADDRESS	1260 NE 40 th ST.		
CITY	Pompano Bch.	STATE	FL
			ZIP 33064
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Karen Hurd		
ADDRESS	1260 NE 40 th ST.		
CITY	Pompano Bch	STATE	FL
			ZIP 33064
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 23rd day of March, 1999.

 (Seal)

____ (Seal)

____ (Seal)

CERTIFICATE AND KNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

ALternative M. E. D., INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 10697 Wiles Rd.
Coral Springs, FL 33076

has named Karen Hurd
located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Karen Hurd
(registered agent)

FILED
99 MAR 29 AM 10:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA