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Division of Corporations

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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4001

From:

Account Name : MEDGUARD SERVICES INC.

Account Number: I19990000019 : (305)389-2049 Phone

Fax Number : (305)220-7776

FLORIDA PROFIT CORPORATION OR P.A.

-Expressions Designs-

EXPRESSIONS DESIGNS OF BROWARD, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Medguard Services, Inc.

9272 S.W. 40th Street

33165 Miami, Fl.

Phone: (305) 389-2049

305-220-7776

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

EXPRESSIONS DESIGNS OF BROWARD,

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

613 Ixora Lane Plantation, FL. 33317

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: The aggregate number of shares which this Corporation shall have the authority to issue is One-Thousand (1,000) Shares of Common Stock. No-Each Share shall have equal rights with each other Share in ividends, yoting and incliquidation STREET ADDRESS Par Value.

The name and Florida street address of the initial registered agent are:

Medguard; Services, Inc. 9274 S.W. 40th Street Miami, Florida 33165

INCORPORAT ARTICLE V

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

(Treasurer)

Sylvia Galeppi, Vice-

President

3)3317

613 Ixora Lane

Emily Sanchez, President

Wilbert Sanchez

613 Ixora Lane

Plantation, Fl.

613 Ixora Lane

Plantation, FL. 33317 Plantation, FL. 33317

Signature/Incorporator

26.11999

Date

(An additional article must be added if an effective date is requested.)

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 Higations of my position as registered agent

Medguard Services Inc Signature/Registered Agent

April 26. 1999

Date

40th Street Ś.W. Miami, Fl. 33165

Phone: (305) 389-2049

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