

207000022300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

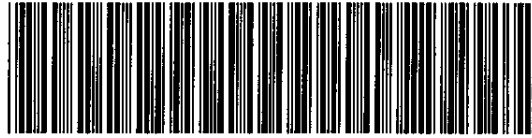
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 20 2007

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Felad Health Care, Incorporated

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Olufolake Adeleke

Name (Printed or typed)

470 N.E. 180 Drive

Address

North Miami Beach, Florida 33162

City, State & Zip

(305) 651-2164 , (786) 586-2804

Daytime Telephone number

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TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I - NAME

The name of the corporation shall be:

FELAD HEALTH CARE INCORPORATED

ARTICLE II - PRINCIPAL OFFICE

The principal place of business/ mailing address is:

470 NORTHEAST 180 DRIVE
NORTH MIAMI BEACH, FLORIDA 33162

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is:

PROVISION OF HEALTH CARE RELATED SERVICES

ARTICLE IV - SHARES

The number of shares of stock is:

1000

ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

OLUFOLAKE ADELEKE- DIRECTOR AND CEO
ADEFEOLA ADELEKE- DIRECTOR AND CFO

ARTICLE VI - REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

OLUFOLAKE ADELEKE
470 NORTHEAST 180 DRIVE
NORTH MIAMI BEACH, FLORIDA 33162


ARTICLE VII - INCORPORATOR

The name and address of the Incorporator is:

OLUFOLAKE ADELEKE
470 NORTHEAST 180 DRIVE
NORTH MIAMI BEACH, FLORIDA 33162

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TALLAHASSEE, FLORIDA

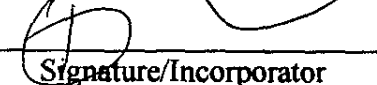
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

2/14/07

Date



Signature/Incorporator

2/14/07

Date