P01000067778

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

Subject	Scieion Corp.					
Enclosed is an original and two (2) copies of the articles of incorporation and a check for						
		\$122.50 Filing Fee & Certified Copy (ADDT'L COPY REQ'D)	\$131.25 Filing Fee, Certified Copy & Certificate (ADDT'L COPY REQ'D)			

FROM:	Nellie Akalp
	30141 Agoura Road, Suite 205
	Agoura Hills, California 91301

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01 JUL -5 PM 2:51
SECRETARY OF STATE
ALL AHASSEE FLORID.

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

ARTICLES OF INCORPORATION OF Scieion Corp.

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	7.0	
The name of the Corp	poration shall be: Scieion Corp.	SEC)1 J
ARTICLE II	PRINCIPAL OFFICE	SVHVS	JUL -5
The principal place o	f business and mailing address of this corporation shall be:	55 77 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	
830 W. 68 St		77	3
Hialeah, Flor	ida 33014	ORII	i i
ARTICLE III	SHARES	977	
	s that this corporation is authorized to have outstanding at any o	one time is: 1,50)0 at
\$1.00 par value per sl	hare.	•	
ARTICLE IV	INITIAL REGISTERED AGENT AND STREET	TADDRESS	
The name and Florida	a street address of the initial registered agent is:		
Saidin Herna 830 W. 68 St Hialeah, Flor		ı	
ARTICLE V	<u>INCORPORATOR</u>	-	
The name and addres	s of the incorporator to these Articles of Incorporation is:		
	a Road, Suite 205 , California 91301		
Nellin R.	Mels (a/210/01) kalp, incorporator Date		_
rome re	mary, moorporation Date		
place designated in this capacity. I further agree performance of my duti	registered agent and to accept service of process for the above stated certificate, I hereby accept the appointment as registered agent and se to comply with the provisions of all statutes relating to the proper a es, and I am familiar with and accept the obligations of my position a	agree to act in th nd complete	is
Saidin Hernar	idez, Registered Agent Date		