

P02000037763

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : ACE INDUSTRIES, INC.
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FLORIDA PROFIT CORPORATION OR P.A.**KENADAY MEDICAL CLINIC, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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H02-74935

Articles of Incorporation

Article 1: Name of Corporation: **KENADAY MEDICAL CLINIC, INC.**

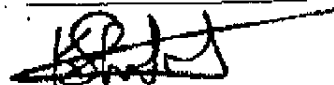
Address of Corporation: **1612 W. WATERS AVE.
TAMPA, FLORIDA 33604**

Article 2: Capital Stock: The number of shares which the corporation has authorized to be outstanding at any one time is **1,000**, with a par value of **\$1.00**.

Article 3: REGISTERED AGENT: **KENNETH O. SHOBOLA**

REGISTERED OFFICE: **1612 W. WATERS AVE.
TAMPA, FLORIDA 33604**

*I am familiar with and hereby accept the duties and responsibilities as Registered Agent for said corporation.



Signature of Registered Agent

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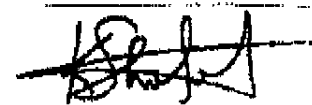
Article 4: The Board of Directors are: (Board of Directors is NOT REQUIRED).
First listed is President, Second is Vice President, then Secretary/Treasurer.

1. **KENNETH SHOBOLA, 16008 MUIRFIELD DR., ODESSA, FLORIDA 33556**
2. **ABIDEMI ADETUTU, 1612 W. WATERS AVE., TAMPA, FLORIDA 33604**
3. **OMAEMO SHOBOLA, 16008 MUIRFIELD DR., ODESSA, FLORIDA 33556**

Article 5: The NAME and ADDRESS of the INCORPORATOR is:

**KENNETH O. SHOBOLA
16008 MUIRFIELD DR.
ODESSA, FLORIDA 33556**

In witness whereof, I have subscribed my name:



Signature of Incorporator

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