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SECHLISH STATE TALLAHASSEE, FLORIDA

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0381

irom:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255
Phone: (305)634-3694
Fax Number: (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

dr. raquel ks moncrieffe &assoc., inc.

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ARTICLES OF INCORPORATION <u>of</u>

FILED

DR. RAQUEL KS MONCRIEFFE & ASSOC.,

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The undersigned incorporator(s), for the purpose of forming The undersigned incorporator(s), for the proporation Ret ANASSE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

DR. RAQUEL KS MONCRIEFFE & ASSOC., INC.

ARTICLE II PRINCIPAL OFFICE

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

> DR. RAQUEL MONCRIEFFE 5251 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351 ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 SHARES @ \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the registered agent is:

DR. RAQUEL MONCRIEFFE 5251 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351

ARTICLE V INCORPORATOR (S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

> DR. RAQUEL MONCRIEFFE 5251 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351

The undersigned has (have) executed these Articles of Incorporation this 25TH day of SEPTEMBER, 2002.

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SECREMANT OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:

DR. RAQUEL KS MONCRIEFFE & ASSOC., INC.

The name and address of the registered agent and office is:

DR, RAQUEL MONCRIEFFE
5251 N. UNIVERSITY DRIVE
LAUDERWILL, FL 33351

(dorporate officer)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED 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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

RECHAPTION &

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MY DACME PROBLEM