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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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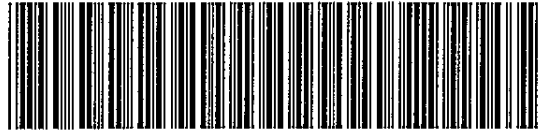
(Business Entity Name)

(Document Number)

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**STEVEN M ACKERMAN  
7328 S W 48 STREET  
MIAMI, FL 33155**

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

**RE: K R SALES, INC**

Enclosed is a check for \$ 78.75 and two copies of the articles of incorporation for

**K R SALES, INC.**

Please return a certified copy to the registered agent of the corporation:

**STEVEN M ACKERMAN  
7328 S W 48 STREET  
MIAMI, FL 33155**

Thank you for your attention to this request.

Sincerely,



ARTICLES OF INCORPORATION

OF

**K R SALES, INC**

The undersigned incorporators, for the purpose of forming a corporation under the Florida Corporation Act, Hereby adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

**K R SALES, INC.**

ARTICLE II PRINCIPAL OFFICE

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

**7328 S W 48 STREET  
MIAMI, FL 33155**

ARTICLE III CAPITAL STOCK

The number of Shares of Stock that this corporation is authorized to issue and have outstanding at any one time is:

10,000 (Ten Thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

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

**STEVEN M ACKERMAN  
7328 S W 48 STREET  
MIAMI, FL 33155**

ARTICLE V BUSINESS OF CORPORATION


The corporation is the business of providing chiropractic and medical services.

ARTICLE V INCORPORATORS

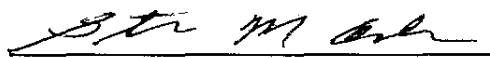
The name and street address of the incorporators to these Articles of Incorporation are:

STEVEN M ACKERMAN  
7328 S W 48 STREET  
MIAMI, FL 33155

The undersigned have executed these Articles of Incorporation this 16 Day of April, 2003

  
Signature

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION OF REGISTERED AGENT

  
Signature

4/16/03  
Date