

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : INCORPORATETIME.COM, INC.

Account Number: I19990000221 Phone : (631)218-1510 Fax Number : (631)589-2848

FLORIDA PROFIT CORPORATION OR P.A.

High Power Diagnosis, INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

WELLAHASSEE, FLORIDA

THE UNDERSIGNED INCORPORATION FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE | -NAME

THE NAME OF THE CORPORATION SHALL BE:

High Power Diagnosis, INC

ARTICLE II -PRINCIPAL OFFICE

The principal place of business & mailing address of this corporation shall be

14850 43 Ave North Plymouth, MN 55446

ARTICLE III -SHARES

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

2000 shares at \$0.01 par value

ARTICLE IV -INITIAL OFFICERS/DIRECTORS:

President:

Scott Hollington

14850 43 Ave North, Plymouth, MN 55446

V.President: Scott Hollington

14850 43 Ave North, Plymouth, MN 55446

Treasurer:

Scott Hollington

14850 43 Ave North, Plymouth, MN 55446

Secretary:

Scott Hollington

14850 43 Ave North, Plymouth, MN 55446

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Director:

Scott Hollington

14850 43 Ave North, Plymouth, MN 55446

THE AHASSEE FLORIDA

ARTICLE V -INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address of the initial registered agent are:

William VanRiper 11404 SW 123 Ave Miami, FL 33186

ARTICLE VI-INCORPORATOR:

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

Kerry Walsh 35-37 Carleton Avenue, Suite 200 Islip Terrace, NY 11752

Kerry Walsh, Incorporator

KWals

3/8/04 Date

Having been named registered agent and to accept service of process for the above stated corporation as 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.

William VanRiper, Registered Agent

Date

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