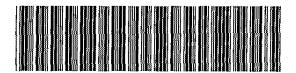
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CORPORATION NAME(S) & D	OCUMENT NUMBER	R(S) (if known):	
K. E.C. ACCIDI	MEDICAL C	ORP.	
(Corporation Name)	100,0,120	(Document #)	
2. (Corporation Name)		(Document #)	
3.	• • •	(Constitution)	
(Corporation Name)		(Document #)	
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OTHER FILINGS	QUALIFICATION		
Annual Report	Foreign		
Fictitious Name Name Reservation	Limited Partnership	-	
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Examiner's Initials

ARTICLES OF INCORPORATION FILED

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act Hereby A 7:53 adopt(s) the following Articles of Incorporation.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:

K. & C. ACCID MEDICAL CORP.

ARTICLE II - PRINCIPAL OFFICE

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

155895W 63TERRA MIAMI FL 33193

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ORISTIAN Valdes 15589 SW 63 Terra MIANI FL 33193

FILED

ARTICLE V - INCORPORATOR

2004 HAY -5 A 7:53

The name and street address of the incorporator to these Articles of SECRETARY OF STATE Incorporation is:

OpiSTIAN VAldeS 155895W 63Terra Hinni FC 33193

The undersigned incorporator has executed these Articles of Incorporation this 4 day of 2004

ARTICLE VI- DIRECTOR(S)

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

CRISTIAN Valdes (P)
155895W 63TENA
MIANTIFL 33193

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

stered Agent Signature