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TRANSMITTAL LETTER

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

SUBJECT:	Khepera Hea			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDESUETK)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:	
□ \$70.00	□ \$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
_	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	MARSHA Thomps	Printed or timed		
		(Timed of typed)		
3465 NW 43 Place				
		Address		
	Lauderdale LAKES	F1 33309		
	City,	State & Zip		
	954-253-6241			
Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: Khepera HeathCare inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 3465 NW 43 Place Lauderdale LAKES, Florida 33309 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: To provide skilled/Manskilled Healthcare services to persons experiencing temporary/ Permenant impairment with activities of daily Living. ARTICLE IV SHARES The number of shares of stock is: -ONE NO INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V List name(s), address(es) and specific title(s): Marsha Thompson Director 3465 NW 43 Place Lauderdale LAKES, F1 33309 REGISTERED AGENT ARTICLE VI The name and Florida street address of the registered agent is: Marsha Thompson 3465 NW 43 Place Lauderdale LAKES, Florida 33309 INCORPORATOR ARTICLE VII The name and address of the Incorporator is: Marsha Trompson 3465 M43 Place Lauderdale lakes, Florida 33309 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

Varsha Transcon

Signature/Registered Agent

Navsha Transcon

Signature/Registered Agent

Date

7-31-04

Signature/Incorporator

Date