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PICK-UP	☐ WAIT ☐ MAIL
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Certified Copies	_ Certificates of Status
Special Instructions to I	Filing Officer:
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DILED

OF MAY -8 PM 4: 20

LCRETARY OF STATE

ALLAHASSEE, FLORIDA



May 4, 2006

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

Re: Kadin Corporation

Dear Sir/Madam:

Enclosed please find the original and one copy of the Certificate of Domestication and Articles of Incorporation for the above-referenced corporation. Also enclosed is our check in the amount of \$128.75 representing the following:

Certificate of Domestication\$	50.00
Articles of Incorporation and Certified Copy	<u>78.75</u>
Total to Domesticate and File\$1	28.75

Please file the Certificate of Domestication and Articles of Incorporation and forward us the certified copy as soon as possible.

Should you have any questions or require anything further, please do not hesitate to contact me.

Very truly yours,

Reese J. Henderson, Jr.

RJH/jhb Enclosures

cc: Kim Meadows/Kadin Corporation (w/copy enclosures)
Arnold D. Tritt, Jr., Esquire

TRANSMITTAL LETTER

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

KADIN CORPORATION **SUBJECT:** Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for: **FEES:** \$50.00 Certificate of Domestication Articles of Incorporation and Certified Copy \$78.75 Total to domesticate and file \$128.75 **OPTIONAL:** \$8.75 Certificate of Status FROM: REESE J. HENDERSON, ESQUIRE Name (printed or typed) 707 PENINSULAR PLACE Address JACKSONVILLE, FLORIDA 32204 City, State & Zip

Daytime Telephone Number

(904) 354-5200

	CERTIFICATE O	F DOMESTICA	TION	TALLAHAS	06 HAY -
The undersigned,	KIM MEADOWS	,	PRESIDENT	SE	ω [
	(Name)		(Title)	OF S	1 Kg
of KADIN	CORPORATION		a forei	gn corpor	
in accordance with s.	(Corporation Name) 607.1801, Florida Statutes, o	does hereby certify:		ĐΑ	0
1. The date on which	h corporation was first forme	ed was	April 22	,1999	·
2. The jurisdiction v	where the above named corporate on the above	oration was first form	_	d, or othe	rwise
3. The name of the c	orporation immediately prio) omestica	tion .
4. The name of the c	orporation, as set forth in its	articles of incorpora	ition, to be filed	pursuant	to
s. 607.0202 and 6	07.0401 with this certificate	is KADIN CORI	PORATION		
to the company of the control of the					
administration of	nat constituted the seat, siege the corporation, or any other te the filing of the Certificate	equivalent jurisdicti	on under applic		
6. Attached are Flori to s. 607.1801.	da articles of incorporation t	o complete the dome	estication requir	ements p	ursuant
lam <u>President</u>	, of KADIN CORP	ORATION	<u>.</u>		···
and am authorized to s	sign this Certificate of Dome	stication on behalf o	f the corporatio	n and hav	e done
so this the 2nd day	of	May		2006	
	Ym Means (Authorize				
	(Aumorize	u signature)			
Ar	Filin ertificate of Domestication ticles of Incorporation and tal to domesticate and file	g Fee: Certified Copy	\$50.00 <u>\$78.75</u> \$128.75		

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:
KADIN CORPORATION

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

1526 University Blvd. West, Suite 281 Jacksonville, Florida 32217

TILED

06 MAY -8 PM 4: 20

SLORE JARY OF STATE
AND AHASSEE, FLORIDA

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Any lawful purpose

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

. . . .

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

KIM MEADOWS, P, VP, S, T 1526 University Blvd. West, Suite 281 Jacksonville, Florida 32217

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Name of the Control o

Arnold D. Tritt, Jr. 707 Peninsular Place Jacksonville, Florida 32204

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

KIM MEADOWS 1526 University Blvd. West, Suite 281 Jacksonville, Floria 32217

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Signature/Registered Agent

Date

Signature/Incorporator Date