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(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE OF STATE OF STATE OF CORPORATIONS

COVER LETTER

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

SUBJECT:	Aklin Corp.	TE NAME MUST INCL	HIMP CHEETVY
Enclosed are an orig	ginal and one (1) copy of the artic		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	Scifo Financial	Services, Inc. (Printed or typed)	
	1489 Palm Coast Parkway, NW Suite # 5		
	Palm Coast, FL 32137 City, State & Zip		
	386-446-03	317	

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

ÂRTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Aklin Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

29 Whitehurst Lane Palm Coast, FL 32164

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Nursing & Teaching Services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Nilka Williams 29 Whitehurst Lane Palm Coast, FL 32164 President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Nilka Williams 29 Whitehurst Lane Palm Coast, FL 32164

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

John M Scifo 1489 Palm Coast Parkway NW Suite # 5 Palm Coast, FL 32137

Having been named as registered agent 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

Signature/Incorporator

Date

Date

Date

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