

# P07000129959

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Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : FASTKIT CORPORATE OUTFITS  
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## FLORIDA PROFIT/NON PROFIT CORPORATION

ADON MEDICAL SERVICES INC.

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDAARTICLES OF INCORPORATION OF  
ADON MEDICAL SERVICES INC.

The undersigned incorporator for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of this corporation is ADON MEDICAL SERVICES INC.

ARTICLE II DURATION

This corporation shall have perpetual existence commencing on January 1, 2008.

ARTICLE III PRINCIPAL OFFICE

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

3900 NW 79<sup>th</sup> Ave. Ste. 518  
Miami, FL 33166

ARTICLE IV SHARES

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

1000 shares of \$1.00 per value common stock

ARTICLE V INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be increased or diminished from time to time in accordance with by-laws adopted by the stockholders. The names and addresses of the initial board of directors are:

NAME	ADDRESS
Armando Valdes President, Secretary	3900 NW 79 <sup>th</sup> Ave. Ste. 518 Miami, FL 33166

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ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

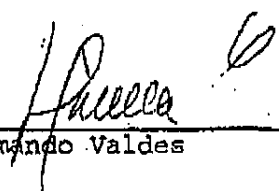
The name and Florida street address of the initial registered agent are:

Armando Valdes  
3900 NW 79<sup>th</sup> Ave. Ste. 518  
Miami, FL 33166

ARTICLE VII INCORPORATOR

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

Armando Valdes  
3900 NW 79<sup>th</sup> Ave. Ste. 518  
Miami, FL 33166

  
\_\_\_\_\_  
Armando Valdes

DEC. 5<sup>th</sup>, 2007  
Date

ACKNOWLEDGMENT:

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 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.

  
\_\_\_\_\_  
Armando Valdes

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TALLAHASSEE, FLORIDA

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