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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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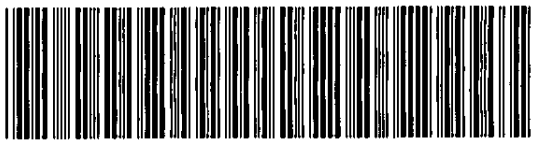

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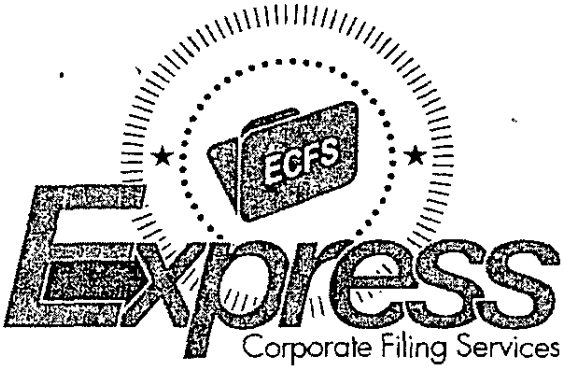

1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Ed Rd Corp. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☐ Walk in ☑ Pick up time _____ ☑ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
☑	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

	AMENDMENTS
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

	OTHER FILINGS
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

	REGISTRATION/ QUALIFICATION
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

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Examiner's Initials	

CR2E031(9/92)

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

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ARTICLE I NAME
The name of the corporation shall be: EDRD CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address
19300 WEST DIXIE HIGHWAY SUITE 2
AVENTURA, FL 33180

Mailing address, if different is:
16051 COLLINS AVE SUITE 903
SUNNY ISLES BEACH, FL 33160

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
PROVIDE NUTRITION RECOMENDATION SERVICES FOR VARIOUS MEDICAL NUTRITION DIAGNOSES

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DALIT SZKOLNIK, PRESIDENT (100%)
Address: 16051 COLLINS AVE SUITE 903
SUNNY ISLES BEACH, FL 33160

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: DALIT SZKOLNIK
Address: 16051 COLLINS AVE SUITE 903
SUNNY ISLES BEACH, FL 33160

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: DALIT SZKOLNIK
Address: 16051 COLLINS AVE SUITE 903
SUNNY ISLES BEACH, FL 33160

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

Required Signature/Registered Agent — AUGUST 08, 2012 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator — AUGUST 08, 2012 Date