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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
EMDYKYCOL INC.

Certificate of Status	0
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MD 2/12

From:

02/11/2014 09:59

#435 P.002/003

1 FEB 11 AM 11:51

**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: EMDYKYCOL INC.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
6620 GLEN ARBOR WAY  
NAPLES, FL 34119

Mailing address, if different is:  
6620 GLEN ARBOR WAY  
NAPLES, FL 34119

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

**ARTICLE IV SHARES** 1,000  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jeffrey A. Lash/Director Name and Title: \_\_\_\_\_  
Address 18 Brandywine Lane Address: \_\_\_\_\_  
Sandy Hook, CT 06482 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
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From:

02/11/2014 10:00

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Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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**ARTICLE VI REGISTERED AGENT**

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

Name: Jeffrey A. Lash

Address: 6620 Glen Arbor Way  
Naples, FL 34119


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Jeffrey A. Lash

Address: 18 Brandywine Lane  
Sandy Hook, CT 06482

*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*

(X)  \_\_\_\_\_ Date \_\_\_\_\_  
 Required Signature/Registered Agent

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

(X)  \_\_\_\_\_ Date \_\_\_\_\_  
 Required Signature/Incorporator