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To:	Division of Corporations Fax Number : (850)617-6381	<u> </u>
FIOM:	Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591	
*Enter the email annual repor Email Addres	address for this business entity to be used for t mailings. Enter only one email address please	r future 1.**
FLOR	DA PROFIT/NON PROFIT CORPORATION KUNG FU KARDIO, INC.	17 HAY
-	Certificate of Status 0	AY 12 TOAC

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ARTICLES OF INCORPORATION

OF

KUNG FU KARDIO, INC.

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

ARTICLEINAME

The name of this corporation shall be:

KUNG FU KARDIO, INC.

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ARTICLE II PRINCIPAL OFFICE

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

1970 NE 153 STREET, BAY #4 NORTH MIAMI BEACH, FL 33162

ARTICLE III BUSINESS PURPOSE

The purpose of the corporation is to engage in any lawful act or activity for which the corporation may be formed under laws of the State of Florida (the "Act").

ARTICLE IV CAPITAL STOCK

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

1000 SHARES

ARTICLE V INITIAL OFFICERS

The name and address of the initial officer is:

BESUFEKAD DEREJE 1970 NE 153 STREET, BAY #4 NORTH MIAMI BEACH, FL 33162

ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Anthony G. Franqui, Esq. FRANQUI TOTTEN, LLP Brickell Bayview Center 80 SW 8th Street Suite 2000 Miami, FL 33130

ARTICLE VII INCORPORATOR(S)

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

Anthony G. Franqui, Esq. FRANQUI TOTTEN, LLP Brickell Bayview Center 80 SW 8th Street Suite 2000 Miami, PL 33130

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, and further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and accept the duties and obligations of section F.S. §507.0501.

equired Signature/Begistered Agent

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HASSEF, FLORID

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

8,817.155, F.S. Required Signature/Incorporator