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

ARTICLE 1 No. 1 The nume of the co	VAME orporation shall be: 2574	594 Ontario in	1.C.
3121	PRINCIPAL OFFICE Principal <u>street</u> address	Mailing address, if d	
ARTICLE III P	CLURAGE CONTROL CONTRO		
	holding confund	for the home:	
	THARES  Tes of stock is: 100  NITIAL OFFICERS AND/OR DIRECTORS		
	d Title: <u>Vi vē Hanâa</u>	Address:	
Name and Address	Title:		
Name and Address	Tule:		, (~a
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	Name and Title:		-
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	rables of the registered agent is	۹٠	
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01 Avalon 1	nl_		
<u>for</u>			
corporator is:			
Dr Vivek H	400A		
1 Saddle worth	<u>C</u>		
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late of filing:	(OPTIC I cannot be more than five t	ONAL) days prior or 90 days after the	
		rements, this date will not be listed a	15
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red Signature/Registered Age	ent	Date	<b>⊒</b> "
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		Date 228	
		ου: Το 5: 5	
	DATE:  late of filing:  the Department of State's real Signature/Registered Agerm 19 at the facts stated here  late of file appointment as  late of the Department of State's real signature/Registered Agerm 19 at the facts stated here	Address:  DAGENT  dress (P.O. Box NOT acceptable) of the registered agent in  DANDT De Oli UCITA  OI Awalon Tal  garden, Fl., 34787  TOR  corporator is:  Dr. Vivek Handa  I Saddle worth Cr  Wille Ont Canada  LGM OAB  DATE:  late of filing: (OPTIC  is block does not meet the applicable statutory filing require the Department of State's records.  I agent to accept service of process for the above stated conductory the appointment as registered agent and agree to  Tel Signature/Registered Agent  Ten Il at the facts stated herein are true. I am aware that  Ten Il at the facts stated herein are true. I am aware that	DAGENT  dress (PO. Box NOT acceptable) of the registered agent is:  DANDY De OLUCITA  OL ADDO TOL  Garden, FL, 34787  TOR  corporator is:  Dr Vivek HANDA  Londo CT  Exille Ont Canoda  Lo MOAD  DATE:  date of filing:  detentiate of filing:  the Department of State's records.  I spend to accept service of process for the above stated corporation at the place designated in the description and agree to act in this capacity  Text Signature Registered Agent  To the facts stated herein are true. I am aware that the false information submitted in the state constitutes a third degree felony as provided for in s.817.155, F.S.