

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service _____ Two Day Service _____

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

REQUEST TAKEN CONFIRMED APPROVED
 DATE _____
 TIME _____ CK No. _____
 BY Open _____

WALK-IN 1/22 3:00
 Will Pick Up _____

RE: National Office
Assistance

SECRET C.O. RESTATE DISBURSED
 TALLAHASSEE, FLORIDA

☒ Capital Express™
☒ Art. of Inc. File
 Corp. Record Search
 Ltd. Partnership File
☒ Foreign Corp. File
☐ () Cert. Copy(s)
 Art. of Amend. File
 Dissolution/Withdrawal
 C U S-
 Fictitious Name File
 Name Reservation
 Annual Report/Reinstatement
 Reg. Agent Service
 Document Filing
 Corporate Kit
 Vehicle Search
 Driving Record
 Document Retrieval
 UCC 1 or 3 File
 UCC 11 Search
 UCC 11 Retrieval
 File No.'s, Copies
 Courier Service
 Shipping/Handling
 Phone ()
 Top Priority
 Express Mail Prep.
 FAX () pgs.

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

ARTICLES OF INCORPORATION
OF

FILED
96 JAN 22 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NATIONAL DIABETIC ASSISTANCE CORP.

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 the corporation is **NATIONAL DIABETIC ASSISTANCE CORP.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 2139 University Drive, #255, Coral Springs, FL 33071.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is two hundred (200) shares having no par value.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Jeffrey S. Hochfelsen, Esq., 2101 Corporate Blvd., N.W., Suite 204, Boca Raton, FL 33431.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of each member of the initial Board of Directors of the corporation is


President, Perry Ferlise, 1051 Pacific Street, Baldwin, NY 11510.

Vice President, Carmen Rotwein, 1633 Coral Ridge Drive, Coral Springs, FL 33071.

Secretary/Treasury, Jeri Ferlise, 1051 Pacific Street, Baldwin, NY 11510.

The undersigned has executed these Articles of Incorporation this 22nd day of January 1996.

"Capital Connection, Inc. by Kim Crosson, Client Representative"



**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

FILED

96 JAN 22 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes,
the mentioned corporation, organized under the laws of the state
of Florida, submits the following statement in designating the
registered office/registered agent, in the state of Florida.

1. The name of the corporation is: NATIONAL DIABETIC ASSISTANCE CORP.

2. The name and street address of the registered agent and
office is: JEFFREY S. HOCHFELSEN, ESQ.

2101 CORPORATE BOULEVARD, N.W., SUITE 204

BOCA RATON, FL 33431

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.


JEFFREY S. HOCHFELSEN