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NAME: NOOR INC.
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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

August 23, 1996

EMPIRE CORPORATE KIT COMPANY

MIAMI, FL

SUBJECT: NOOR INC.

REF: W96000017808

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

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Loria Poole
Corporate Specialist

FAX Aud. #: H9600001798
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ARTICLES OF INCORPORATION

②

Noor of Medical, Inc.
(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Noor Medical, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 100 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

| | | |
|--|---------|------------------|
| STREET ADDRESS <u>1070 West 43rd Place</u> | | |
| CITY <u>HALEAH</u> | FLORIDA | ZIP <u>33012</u> |
| Mailing address, if different | | |
| STREET ADDRESS <u>SAME</u> | | |
| CITY | FLORIDA | ZIP |

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

| | | |
|----------------------------------|---------|------------------|
| NAME <u>SHAHIN HASSAN</u> | | |
| ADDRESS <u>1070 W 43rd PLACE</u> | | |
| CITY <u>HALEAH</u> | FLORIDA | ZIP <u>33012</u> |

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TALLAHASSEE, FLORIDA

AKHTAR M. HASSAN, ESQ. (305) 822-4444 FL. BAR # 298123 102 E. 49 St. 2nd Floor Hialeah, FL 33023

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ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE () directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

| | | | |
|---------|----------------------|-------|-------------------|
| NAME | MOOR HASSAN | | |
| ADDRESS | 1070 WEST 43RD PLACE | | |
| CITY | HALEAH | STATE | FLORIDA ZIP 33012 |
| NAME | SHAMIM HASSAN | | |
| ADDRESS | 1070 WEST 43RD PLACE | | |
| CITY | HALEAH | STATE | FLORIDA ZIP 33012 |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | ZIP |

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

| | | | |
|---------|----------------------|-------|-------------------|
| NAME | SHAHIN HASSAN | | |
| ADDRESS | 1070 WEST 43RD PLACE | | |
| CITY | HALEAH | STATE | FLORIDA ZIP 33012 |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | ZIP |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | ZIP |

The undersigned incorporator(s) have executed these Articles of Incorporation this 19
day of August, 1996.

Shahin Hassan (Signature)

____ (Signature)

____ (Signature)

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

Noor Medical, Inc.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 1070 WEST 43RD PLACE
HALEAH, FLORIDA 33012

has named SHAHIN HASSAN

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

[Signature]
(Signature)

8/19/96
(Date)

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