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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

		:	80000219: -05/30/97- ****157.5:	56182 -01006023 0 ******78.75
Enclosed is an original a	nd one(1) copy of the articles	of incorporation and a	check for :	1
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	
ADDITIONAL COPY REQUIRED				일 집
FROM:	larouane Name (Pi	E/h) 01		CEIV
Filing Fee Filing Fee & Certificate S122.50 Filing Fee & Certified Copy & Certified Copy & Certificate ADDITIONAL COPY REQUIRED Name (Printed or typed) Address				
-	St Peter Slow City,	State & Zip	3710.	½
-	(813) 1 Daytime T	319-237 Clephone number	4	

Kinoled Inc
(Proposed corporate name - must include suffix)

NOTE: Please provide the original and one copy of the articles.

RW/ 5-29

FILED

ARTICLES OF INCORPORATION

97 MAY 29 PM 5: 02

The undersigned incorporator, for the purpose of forming a corporation under the Florida CRETARY OF STATE
TALLAHASSEE, FLORIDA

The name of the corporation shall be: Kindred INC. PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:

12686 Star Day Ro Largo FL 33773. ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: <u>ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS</u> The name and Florida street address of the initial registered agent are: Marouane Elhajoui 1100 77th 8t N st petersburg FL. 33710. The name and address of the incorporator to these Articles of Incorporation are: Maronane Elhajoui 1100 77th & N St Petersburg FL 33710. 5-29-97

(An additional article must be added if an effective date is requested.)

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

5-89-97. Signature/Registered Agent